Provider and Facility Enrollment Business Requirements

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1 INTRODUCTION

The Provider/Facility Enrollment application is a major component of the Enhancement 47 project. The primary purpose of the application is to automate the enrollment process for CCS/GHPP only medical and dental providers, Special Care Centers, and Hospitals. "CCS/GHPP only" providers refer to medical and dental providers who provide services to patients who are not eligible for Medi-Cal's dental or medical benefits or patients who are eligible, however, the services rendered are not benefits of Medi-Cal's dental or medical program.

The California Children Services (CCS) program is a federally mandated public health program providing specialized medical services (diagnosis, treatment, and therapy services) to financially and medically eligible children under twenty-one (21) years of age with severe handicapping conditions.

Genetically Handicapped Persons Program (GHPP), which is entirely state-funded, provides services to persons over twenty-one (21) years of age who have specific genetic conditions such as hemophilia, cystic fibrosis, etc. The CCS/GHPP case management involves comprehensive tracking beginning with a client's initial contact, eligibility, provider approval, authorization for care, treatment, follow-up, and continued care referrals.

1.1 SCOPE

This document specifies the high-level requirements that specify the objectives and features that the Provider/Facility Enrollment Application must implement. It provides a description of the provider query, batch transaction process to the fiscal intermediaries, and the batch extract that is required. Detail design requirements will be specified in follow-up documents.

1.2 OBJECTIVES

The objectives of the Provider/Facility Enrollment application are to:

- Provide an automated process for enrolling CCS/GHPP medical and dental providers, special care centers, and hospital facilities.
- Establish a centralized repository for all enrollment data.
- Enable the monitoring and tracking of activities throughout the enrollment process.
- Improve provider and facility enrollment turnaround time.
- Cross-reference providers to a special care center in support of service authorizations and claims processing.
- Facilitate and support the standardization of the service authorization process.
- Enable CCS/GHPP medical and dental providers to submit claims directly to Medi-Cal and Denti-Cal by enrolling them in Medi-Cal and Denti-Cal.

1.3 ASSUMPTIONS

The following assumptions were made during the preparation of this document:

1. Data fields will be added or modified in the Medi-Cal and Denti-Cal PMF's for storing CCS/GHPP data as necessary.
2. Delta Dental staff will not be allowed to edit CCS/GHPP only provider data that resides on the Denti-Cal PMF.
3. Medi-Cal staff will not be allowed to edit CCS/GHPP only provider data that resides on the Medi-Cal PMF.
4. Delta and Medi-Cal will provide a daily extract file and a transaction reconciliation file in the format and in the timeframe that is needed.
5. The Delta and Medi-Cal batch processes have built-in logic that prevents duplicate providers from being added when an "Add" transaction is received from the Provider/Facility Enrollment application.
6. Some data redundancy will be necessary to support the Authorization process for claims authorized on a Saturday and/or Sunday. The following fields will reside in the provider/facility enrollment database to support the authorization process:

   - Last (Rendering)
   - First (Rendering)
   - MI (Rendering)
   - Render Prov ID
   - Business Location ID
   - St1 (Business Location)
   - St2 (Business Location)
   - City (Business Location)
   - ST (Business Location)
   - Zip (Business Location)
   - PH (Business Location)
   - Provider Status for both CCS and GHPP
   - Status Eff Date for both CCS and GHPP
   - Specialty
7. Developers are familiar with the Standards and Conventions E47-100 Document (This document is the standards and conventions for the CMS Net and the GHPP applications using Cybertools. It is to be used as reference for writing specifications and will provide consistency when designing functionality and screen format).
8. Medi-Cal and Denti-Cal data are not and shall not be stored in CMS Net. Refer to the data dictionary to identify CCS/GHPP stored data.

2 APPLICATION OVERVIEW

2.1 FUNCTIONS AND BENEFITS

The Provider/Facility Enrollment application will support the enrollment of:

- Dental Providers
- Medical Providers
- Special Care Centers
- Hospitals

The application will include functions and features that will support provider and facility enrollment and improve case management services in the Regional Offices, Dependent Counties and some of the Independent Counties. In addition, it will enable provider and facility data to be maintained more effectively.

Some of the functions that the application will provide include:

- Applicant maintenance and follow-up
- Application maintenance and reporting
- Provider maintenance and reporting
- Provider association maintenance and reporting
- Facility approval monitoring and reporting

Appendix A – Scenarios/Use Cases lists the business functions that will be supported by the application.

The application is intended to provide the following benefits:

- Centralize all data relating to providers and facilities.
- Reduce provider/facility enrollment related paperwork.
- Simplify/streamline enrollment processing procedures.
- Improve enrollment integrity.
- Enable regional offices, counties and other resources to quickly access and verify provider and facility status information.
- Enable staff to maintain provider and facility data quickly and accurately.
- Create a single source for inquires relating to enrollment.

2.2 PROVIDER TYPE DEFINITIONS

A provider is identified as a Denti-Cal provider when the Denti-Cal Provider Status on the Program Participation screen is set to "Approved" and as a Medi-cal provider when the Medi-Cal Provider Status on the Program Participation screen is set to "Approved."

A provider is identified as participating in the CCS program when the CCS Provider Status on the Program Participation screen is set to "Approved" and as participating in the GHPP program when the GHPP Provider Status on the Program Participation screen is set to "Approved."

2.3 PROVIDER DATA UPDATE LIMITATIONS

If a provider participates in Denti-Cal or Medi-Cal and CCS/GHPP, only data that is specific to CCS/GHPP is updateable. If a provider participates in CCS/GHPP only, all data associated to the provider is updateable.

2.4 APPLICATION OVERVIEW

The Provider/Facility Enrollment application consists of the following major components:

1. User Interface/Screens
2. Delta/EDS Front-End Interface
3. Delta/EDS Back-End Interface
4. Provider/Facility Enrollment Database
5. Delta System
6. EDS System
7. Pending Update Transaction File
8. Transaction Reconciliation File
9. Provider and Facility Enrollment Reports

Figure 2-1, Provider/Facility Enrollment Application Overview is a hi-level view of the Provider/Facility Enrollment application.

Figure 2-1, Provider/Facility Enrollment Application Overview

Provider/Facility Enrollment Application
Overview
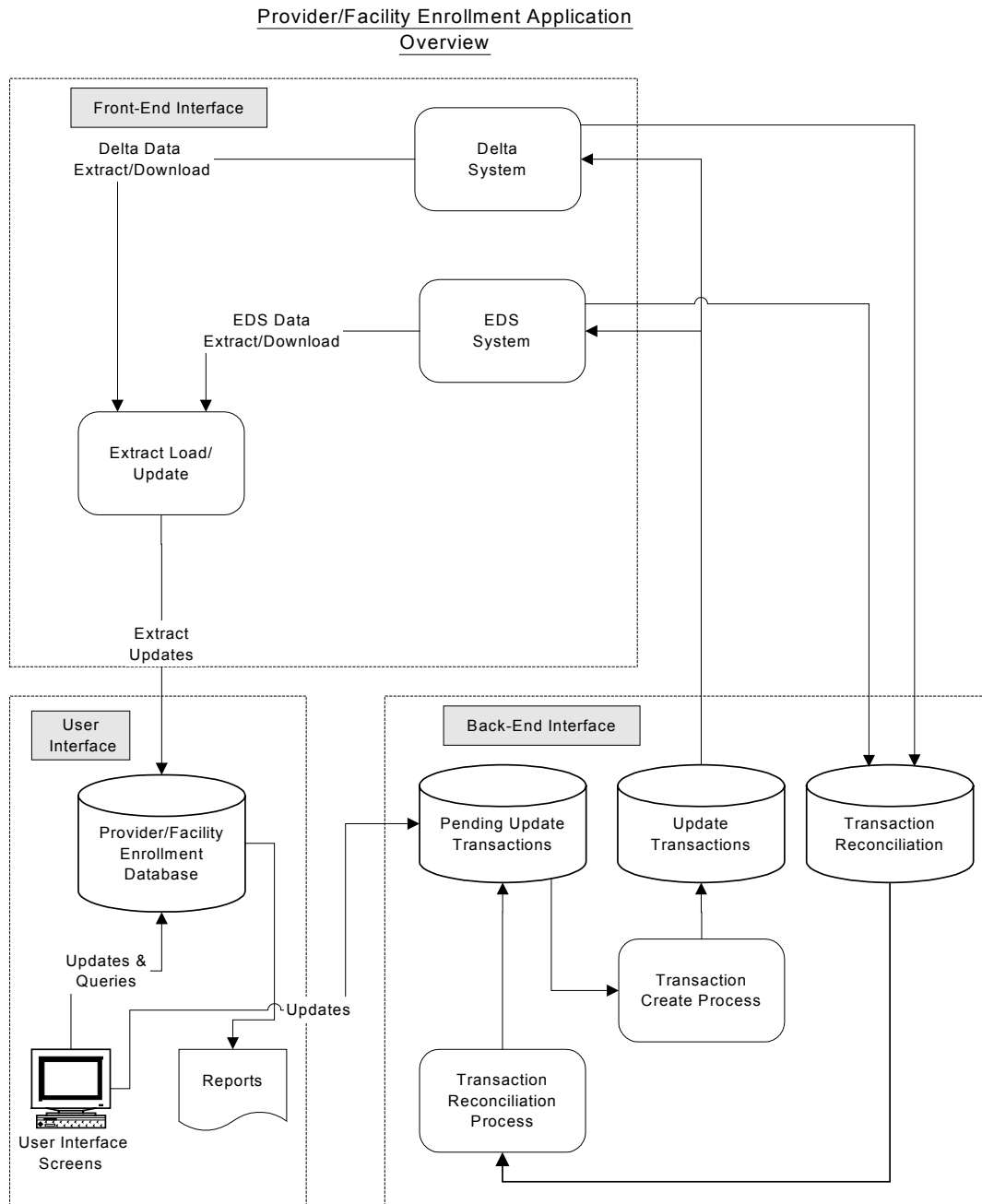
- The Provider/Facility Enrollment User Interface includes the screens that are used to maintain provider and facility enrollment data, and predefined user and management reports.
- The Front-End interface will post extracted downloaded Delta and EDS data into the provider/facility enrollment database.
- The Back-End interface will create update transactions that will update systems located at Delta and EDS.

3 PROVIDER ENROLLMENT FRONT-END

3.1 OVERVIEW

Delta and EDS will each provide a daily extract file containing required data fields for all providers in their respective databases who are identified as CCS/GHPP participating providers. The required fields to be extracted will be a subset of the data that is listed in the Provider/Facility Enrollment Data Dictionary (see Appendix D.) The actual fields to be extracted are to be determined. Figure 3-1, Provider/Facility Enrollment Front-End is an overview of the Provider/Facility Enrollment Front-End interface.

Provider data load/update processes will merge the extracted Delta and EDS data with the corresponding provider data maintained in the provider/facility enrollment database, resulting in a provider/facility enrollment database that contains all provider data including Delta and EDS Provider Master File (PMF) data.

Figure 3-1, Provider/Facility Enrollment Front-End
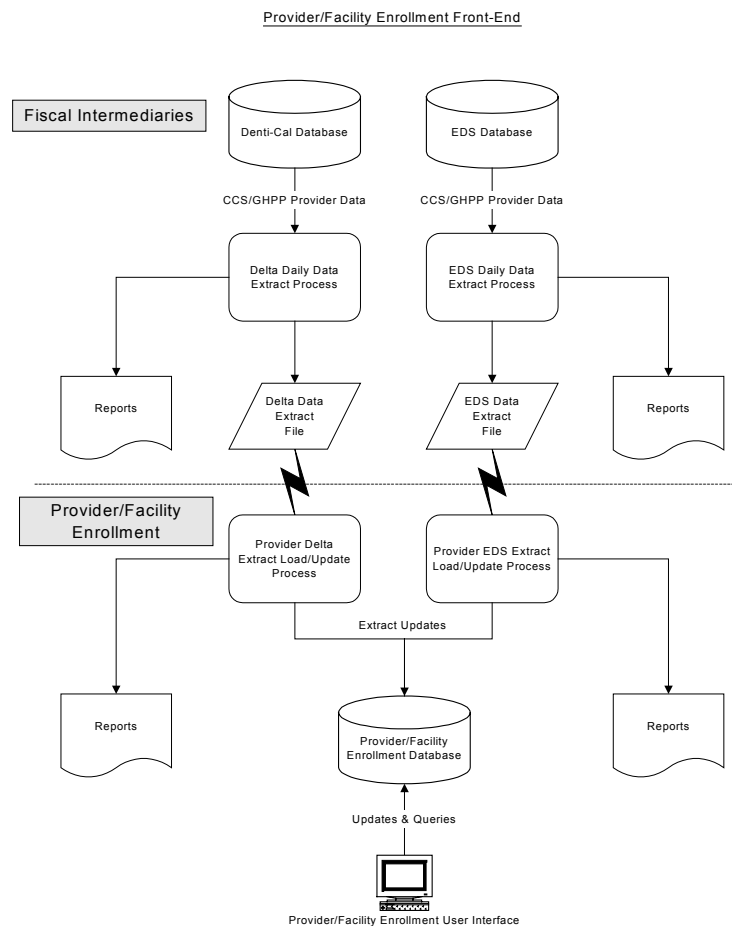
The updated provider/facility enrollment database will be in sync with Delta and EDS as of the start of each business day. How the extracted data will be merged is to be determined and will be specified in follow-up documents.

3.2 DAILY EXTRACT PROCESS

On a daily basis Delta and EDS will each create an extract file from their PMFs containing the required data for each provider that is CCS/GHPP participating. These files are then forwarded to the Provider/Facility Enrollment application environment. A report(s) from Delta and EDS that lists what was extracted and forwarded must be available.

- The actual fields to be extracted are to be determined.
- The methodology to extract the data is to be determined.
- The timeframe and mechanism for the delivery of the files is to be determined.

- The format of the report(s) is to be determined.

3.3 DATA EXTRACT FILE

This file contains the required data fields for all providers identified as CCS/GHPP participating providers. This file must also include audit data e.g. record count, hash totals, etc. to ensure that the provider data load/update process properly processes/merges the file. The structure and format of the file is to be determined.

3.4 EXTRACT LOAD/UPDATE PROCESS

This process will merge the extracted Delta/EDS provider data with the corresponding provider data contained in the provider/facility enrollment database. The methodology to merge the data is to be determined. After the merge the provider/facility enrollment database will contain all provider data including required Delta and EDS PMF data.

This process must include audit features to ensure that all received Delta and EDS extract data is properly processed/merged. If data is unable to be merged an error report must be prepared and published that details information about the error.

4 PROVIDER ENROLLMENT BACK-END

4.1 OVERVIEW

Certain updates that occur in the provider/facility enrollment database must be forwarded and posted to the Delta and EDS PMFs (Provider Master Files.) These updates will modify or add CCS eligible provider information to the PMFs. Dental provider enrollment updates will be forwarded to Delta and medical provider updates to Medi-Cal.

Not all updates that are made to the provider/facility enrollment database will be forwarded to the FI's (Fiscal Intermediaries i.e. Delta and Medi-Cal) for posting. The types of updates that must forwarded to the FI's will be detailed in a follow-up document.   Figure 4-1, Provider/Facility Enrollment Back-End is an overview of the Provider/Facility Enrollment Back-End interface.

Figure 4-1, Provider Enrollment Back-End

Provider/Facility Enrollment BackEnd
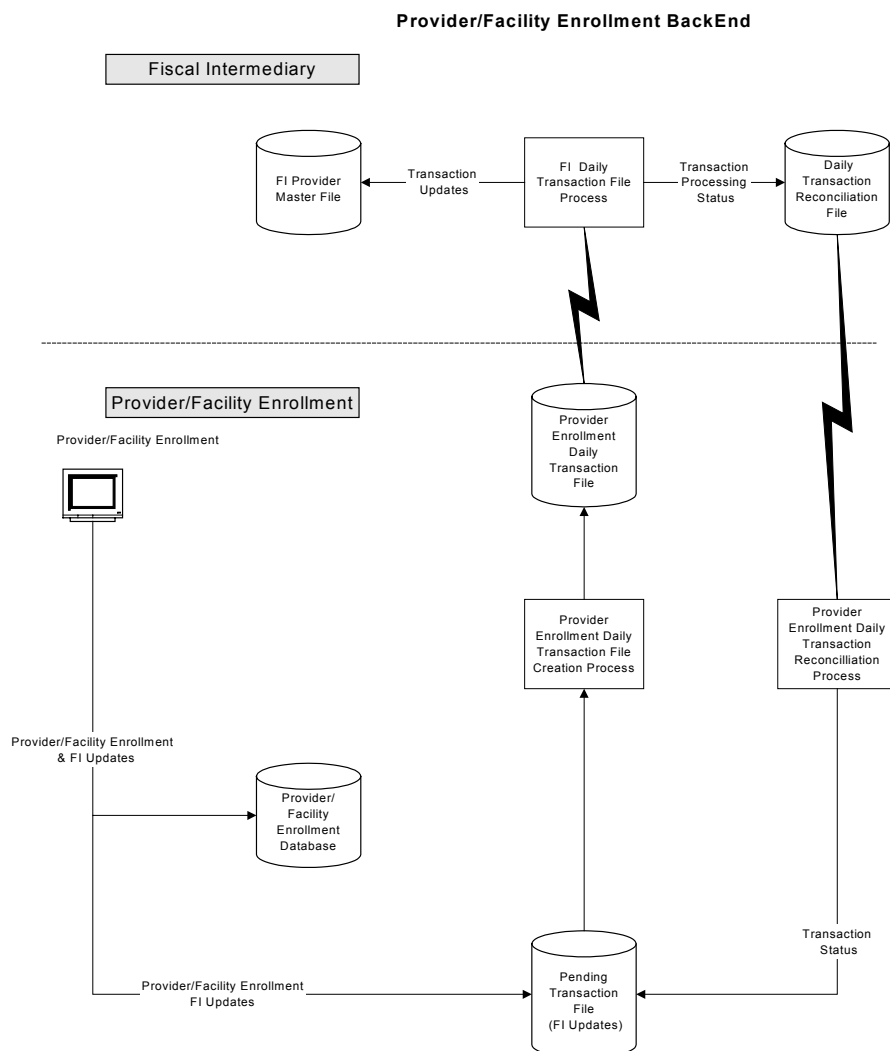
On a daily basis, two files containing transactions that reflect the provider/facility enrollment database updates that have occurred that day will be created. One file is created for and will be transmitted to Delta, the other to EDS.   Delta and EDS will use the files to add/update CCS-eligible provider information on their respective Provider Master Files.   Providers who have a Provider Class of "Dental" will be included in the transaction file to Delta and providers with a Provider Class of "Medical" are included in the transaction file to EDS.

4.2 DAILY TRANSACTION FILE CREATION PROCESS

Provider enrollment updates that occur on the provider/facility enrollment database that will be forwarded to the FI's must have corresponding transactions built.   When specified provider enrollment data is updated, the Provider/Facility Enrollment application must determine which transactions will be built, if any. The types of updates that will result in a transaction being built will be detailed in a follow-up document.

Transaction records that are built will be populated with required data from the provider/facility enrollment database and be written to a pending transaction file. How the transactions will be created and the actual fields to be included in the transactions are to be determined.   Delta and Medi-Cal require that the transactions be in a specified format.   Appendixes "B" and "C" detail the current Delta Dental and EDS Provider Master File transaction record layouts.

The File Creation process will create a separate Daily Transaction File for each FI.   The structure and format of each file is to be determined.   Each file must include audit data e.g. record count, hash totals, etc. to ensure that the files are received and processed properly.

4.3 TRANSACTION TRANSMISSION

Each day, transactions that have not been previously forwarded to the FI's will be extracted from the Pending Transaction file and added to the Provider Enrollment Daily Transaction File.   Additionally, any errored transactions that have been corrected will also be included.   The timeframe and mechanism for the delivery of the files to the FI's is to be determined.

4.4 FI DAILY TRANSACTION FILE PROCESS

On a daily basis Delta and Medi-Cal will receive and post the transactions to the PMFs that are contained in the daily transaction files.   Each transaction processed will be flagged as successful or errored in the Daily Transaction Reconciliation File.

4.5 DAILY TRANSACTION RECONCILIATION PROCESS

Each day both Delta and EDS will transmit to the Provider/Facility Enrollment application environment a Daily Transaction Reconciliation File. This file will contain transaction update statuses and will be used to reconcile the Pending Transaction File. If the Reconciliation File indicates that a transaction was successful it will be removed from the pending transaction file. Transactions that the Reconciliation File indicates were in error will not be removed from the Pending Transaction File and will be flagged as in error. A process must be created for correcting and resubmitting transactions that errored.

The reconciliation file must include audit data e.g. record count, hash totals, etc. to ensure that the files are received and processed properly. The timeframe and mechanism for the delivery of the files from the FI's to Provider/Facility Enrollment are to be determined.

5 USER INTERFACE & SCREENS

Table 5-1, Provider/Facility Enrollment Application Screens lists the screens that are included in the application.

Table 5-1, Provider/Facility Enrollment Application Screens

No	Screen Name	Type	View/Update
1	Applicant	Provider	View/Update
2	Provider	Provider	View/Update
3	Provider Application	Provider	View/Update
4	Business Location	Provider	View/Update
5	Pay-To Location	Provider	View/Update
6	Program Participation	Provider	View/Update
7	Hospital	Provider	View/Update
8	Specialty	Provider	View/Update
9	Special Care Center	Provider	View/Update
10	Summary	Provider	View Only
11	Renderer List	Provider	View Only
12	Business Locations List	Provider	View Only
13	Pay-To Locations List	Provider	View Only
14	Association	Provider	View/Update
15	Letter Request	Provider, Facility	View/Update
16	Comments	Provider, Facility	View/Update
17	Facility	Facility	View/Update
18	Facility Application	Facility	View/Update
19	SCC Team Members	Facility	View/Update
20	Site Review	Facility	View/Update
21	Contacts	Facility	View/Update
22	Actions	Facility	View/Update
23	Reports	Facility	View/Update
24	Site Visits	Facility	View/Update

Figure 5-1, Provider/Facility Screen Flow Diagram is a depiction of the screen hierarchy/flow.   Figure 5-2, Provider/Facility Entity Relationship Diagram depicts the data entities that the screens will maintain.

5.1 USER INTERFACE SECURITY AND ACCESS

The capability to grant and restrict update/viewing privileges at the user, screen, and individual field levels is required. The ability to assign permissions and restrictions to groups/types of users is also required. The specific security requirements for each user group/type, screen and data field is to be determined.

5.2 USER INTERFACE ERROR MANAGEMENT

If an error is detected, a user message, severity level and resolution options must be presented to the user.   A detailed description, user message, type, number, resolution options and severity level must be associated with each error. The specific error handling requirements for each screen and data field is to be determined.

5.3 USER INTERFACE MENUS

The menus that will be used to navigate the screens are dependent on the technology platform that the Provider/Facility Enrollment application will be implemented on.   The menus are to be determined.

5.4 REPORTS

Provider and facility reports are required. The types of reports needed, report content and layout, etc. are to be determined.

Figure 5-1, Provider/Facility Screen Flow Diagram

Provider/Facility Enrollment Screen Flow Diagram
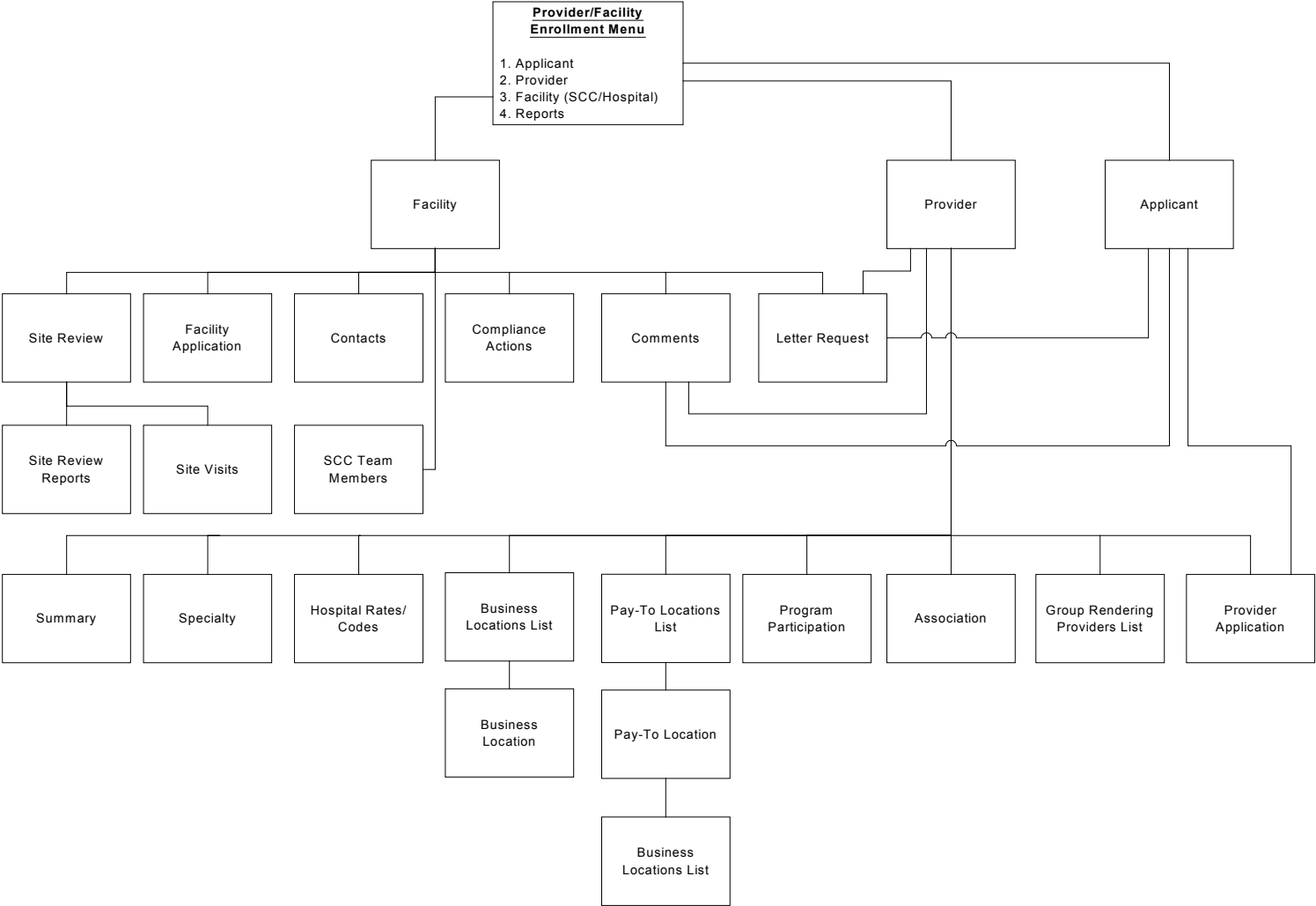
Figure 5-2, Provider/Facility Entity Relationship Diagram

Provider/Facility Enrollment Entity Relationship Diagram
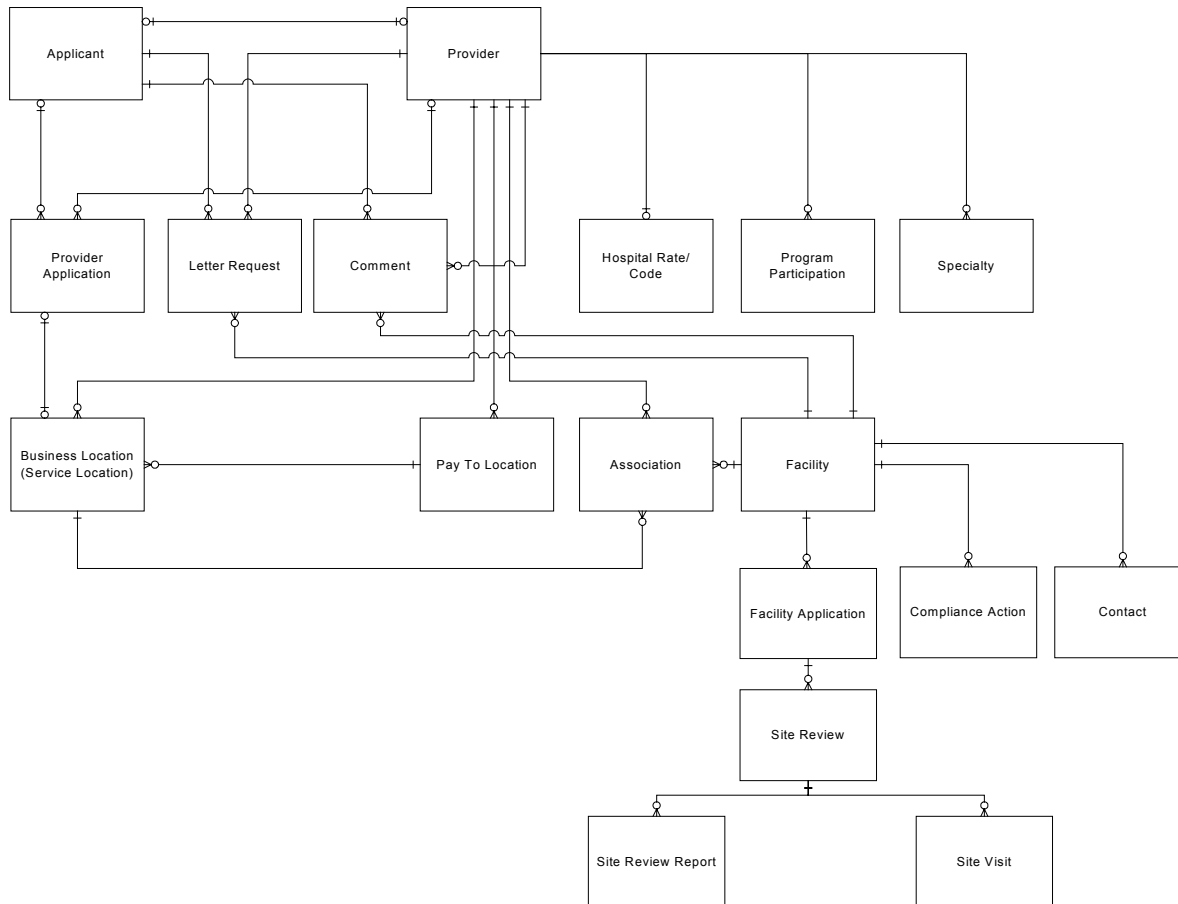
5.5 GENERAL SCREEN REQUIREMENTS

1. All screens must have a similar "look and feel" i.e. consistency in text fonts, format/layout, color usage, etc.
2. Before leaving each field, all related field edits must be passed.
3. A user may leave a screen without completing the required fields if the add/update action is canceled.
4. Default data will be displayed as defined in the data dictionary and must not overlay existing data. The user may have the option to change default data.
5. If a new record (provider, applicant, etc.) is being entered, all screen fields will be blank with the exception of any fields that have default data.
6. After an update has been completed, the Last Update By and Last Update Date fields must be populated.

5.6 PROVIDER SCREENS ACCESS

Each provider is assigned a provider class and sub-class. The provider class specifies whether the provider is a medical or dental provider. The provider sub-class specifies whether the provider is an individual, group, etc. and determines which provider screens are accessible when viewing/updating a particular provider. Table 5-2, Provider Sub-Class/Screen Accessibility specifies which provider screens can be accessed based on the sub-class of the provider.

Table 5-2, Provider Sub-Class/Screen Accessibility Table

No	Screen Name	Provider Sub-Class				
		Group	Individual	Renderer	School	Hospital
1	Applicant	Yes	Yes	Yes	Yes	Yes
2	Provider	Yes	Yes	Yes	Yes	Yes
3	Provider Application	Yes	Yes	Yes	Yes	Yes
4	Letter Request	Yes	Yes	Yes	Yes	Yes
5	Business Location	Yes	Yes	No	Yes	Yes
6	Pay-To Location	Yes	Yes	No	Yes	Yes
7	Program Participation	Yes	Yes	Yes	Yes	Yes
8	Association	No	Yes	Yes	Yes	Yes
9	Hospital Rates/Codes	No	No	No	No	Yes
10	Specialty	No	Yes	Yes	No	No
11	Special Care Center	No	Yes	Yes	Yes	No
12	Summary	Yes	Yes	Yes	Yes	Yes
13	Renderer List	Yes	Yes	No	Yes	Yes
14	Business Locations List	Yes	Yes	No	Yes	Yes
15	Pay-To Locations List	Yes	Yes	No	Yes	Yes
16	Comments	Yes	Yes	Yes	Yes	Yes

The following pages specify the requirements for each of the Provider/Facility Enrollment Application screens. Requirements (field type, length, edit rules, etc.) concerning a specific field that appears on a screen can be found in Appendix D – Provider/Facility Enrollment Data Dictionary.

5.7 PROVIDER SCREEN

Summary

This screen is used to add and update medical and dental providers. Provider name, address, license number, and related information are entered and maintained for each provider. This screen also assigns the provider a unique provider ID.

Actions/Functions

The following functions are required:

1. Add provider – This function will add a new provider.
2. Update provider – This function will update an existing provider.
3. Display provider IDs – This function will display a list of the provider IDs that belong to the provider. The name and status associated with each provider ID is displayed in the list. A provider ID can be selected from the list for viewing/update. If the provider sub-class is "Group" the status that is displayed in the list is the status of the business location itself, otherwise the status is the status of the business location association.
4. Assign ID – This function will assign a provider identification number to a provider when the provider is created.

Entrance Rules, Preconditions
1. If a new provider is going to be added the Provider must not already exist in the provider/facility enrollment database.

Processing Rules
Billing/Group Provider:
1. Each Billing/Group provider must have at least one business and pay-to location.
2. A Billing/Group provider may have multiple business and pay-to locations.

Rendering Provider:
1. A Rendering provider may be associated to multiple Billing/Group providers.
2. A Rendering provider may be disassociated from a specified Billing/Group provider by entering a deactivate date on the Business Location Association screen.

User View:
1. When a new provider is being entered or an existing provider is being displayed the provider's "sub-class" will determine the view (i.e. the screens, and fields that are available and the business rules, etc. that are enabled) that the user will have. For example, if a provider has a sub-class of "Renderer" then the Business Location screen is not available/enabled when the provider is being viewed or updated. If the provider has a sub-class of "Group" then the Business Location screen is available.

Provider Type/COS Assignment (applies to medical providers only):
1. Every provider must have a designated Provider Type. For each Provider Type there are set Categories of Services (COS) which define the parameters of services that the provider can perform.
2. The Provider Type will be used to determine which COS numbers to display. Only one Provider Type may be specified per provider. A provider type can have multiple COS. The user will have the ability to view a total of 11 COS groups.

Dental Billing/Group Provider ID Assignment:
1. A Billing provider is defined as a provider with an ID beginning with G or B.
2. When an individual Billing Provider record is saved, the application will generate a Provider ID that is comprised of the alpha character 'B' plus the billing provider's license number when the license number is not 99999 and the State Code=C.
3. ID numbers for an individual provider when the license number is not known, for Groups and for Schools will be assigned sequentially by the application when the provider record is saved.
4. Billing providers who participate as a group will be assigned a group provider ID by Delta Dental. A temporary ID number will be assigned to the billing provider in CMS Net. This temp CMS Net number won't be sent to Delta.
5. Individual providers with billing addresses not within the state of California will be assigned group ID numbers by Delta Dental. A temporary ID number will be assigned to the billing provider in CMS Net.

6. If a billing provider has been assigned a temporary ID number, the permanent group ID number will be provided by Delta Dental. Refer to Document E47-453, Dental Provider Add/Update Batch Confirmation, which specifies the method of replacing the temporary group ID with the permanent group ID.
7. Data found in the Practice field will be used to determine which prefix should be used when defining the provider's ID number.
8. The user must not be able to select Practice value of 'I', Individual Group, when the billing address state field (ST) is not CA (California).

Table 5-3, Dental Billing Provider ID Assignment, summarizes the Dental Provider ID assignment rules.

Table 5-3, Dental Billing Provider ID Assignment

ID number Practice	ID Number Prefix	Number Definition	Editable	Comment
Individual='I' & State Code=C & license number appears in License # field; any Appl Status	System generated ID=B + 5 digit license number	License number from field License #	NO	Do not allow duplicate Ids; these records may be sent to Delta
Individual=I & State Code=C & license number unknown; when Appl Status=Inactive	System generated ID=X + NNNNN	Unknown license number; system assigned sequential number	YES	Appl Status prevents these records from being sent to Delta.
Individual=X & State Code=C & license number unknown; when Appl Status=Inactive	System generated ID=X + NNNNN	Unknown license number; system assigned sequential number	YES	Appl Status prevents these records from being sent to Delta.
Individual=I & State Code not 'C' & license known; any Appl Status	System generated ID=T + NNNNN	System assigned sequential temporary number; permanent number assigned by Delta Dental	YES	CMS assigned ID not sent to Delta; Allow user to replace 'T' # with 'G' # provided by Delta Dental
Individual=X & State Code not 'C' & license known; when Appl Status=Incomplete	System generated ID=X + NNNNN	System assigned sequential temporary number	YES	Appl Status prevents these records from being sent to Delta.
Individual=I & State Code not 'C' & license unknown; when Appl Status=Incomplete	System generated ID=X + NNNNN	Unknown license number; system assigned sequential number	YES	Appl Status prevents these records from being sent to Delta.
Individual=X & State Code not 'C' & license unknown; when Appl Status=Incomplete	System generated ID=X + NNNNN	Unknown license number; system assigned sequential number	YES	Appl Status prevents these records from being sent to Delta.
Group='G' ; any Appl Status	System generated ID=T + NNNNN	System assigned sequential temporary number; permanent number assigned by Delta Dental	YES	CMS Net assigned ID not sent to Delta. Allow user to replace 'T' # with 'G' # provided by Delta Dental
School='S'; any Appl Status	System generated ID=T + NNNNN	System assigned sequential temporary number; permanent number assigned by Delta Dental	YES	CMS Net assigned ID not sent to Delta. Allow user to replace 'T' # with 'G' # provided by Delta Dental

Dental Renderer Provider ID Assignment:
1. Providers with a provider ID that begins with the alpha characters D, A, N, O, or X are defined as a Rendering provider.
2. The user must enter the rendering provider identification number manually. After the ID has been saved for the rendering provider, the ID will not be changed. Refer to Table 5-4 for definition regarding the assignment of a rendering provider identification number.

Table 5-4, Rendering Provider ID Definition

Location	Rendering Prov	Provider ID
CA	Individual	D
Border	Individual	Oregon=O
		Nevada=N
		Arizona=A
Other	Individual	X

Medical Provider ID Assignment
1. When an Individual Provider record is saved, the application will generate a Provider ID that is comprised of alpha character prefix of "CMSI'', plus the provider's license number when the license number, if known. If the license number in unknown, the alpha character prefix of CMSI will be added to an assigned sequential number by the application. This ID will be generated when the provider record is saved.
2. When a Rendering Provider record is saved, the application will generate a Provider ID that is comprised of alpha character "CMSR'', plus the provider's license number when the license number if known. If the license number in unknown, the alpha character prefix of CMSR will be added to an assigned sequential number by the application. This ID will be generated when the provider record is saved.
3. When a Hospital Provider record is saved, the application will generate a Provider ID that is comprised of alpha character "CMSH'', a short description hospital level type and a assigned sequential system generated 4 digit number. This ID will be generated when the provider record is saved.

Table 5-5, Medical Provider ID Assignment summarizes the Medical Provider ID assignment rules.

Table 5-5, Medical Provider ID Assignment

ID number Provider Type	ID Number Prefix	Number Definition	Editable	Comment
Individual='I' & license is known	System generated with prefix='CMSI'	First five digits of the Individual license number	NO	duplicate IDs not allowed
Individual=I & license number unknown	System generated ID=CMSI+NNNNN	Unknown license number; system assigned sequential number	YES	duplicates are allowed
Group='G'	System generated with prefix='CMSG+NNNNN'	System assigned sequential number	NO	duplicate IDs not allowed
Hospital='H'	System generated prefix='CMSH'. Plus the letter of level of hospital Ter-Tertiary = CMSHT Ped-Pediatric = CMSHP Gen-General =CMSHG Spe-Special = CMSHS Lim-Limited = CMSHL	System assigned sequential number	YES	duplicate IDs not allowed
Rendering='R' & license is known	System generated prefix='CMSR'+NNNNN	First five digits of the Individual License number	NO	duplicate IDs not allowed
Rendering='R' & license number unknown	System generated prefix=CMSR+NNNNN	Unknown license number; system assigned sequential number.	YES	duplicates are allowed

Add Rule:
All required fields must be populated.

Update Rule:
All required fields must be populated.

Exit Rules, Post Conditions
N/A

Table References
TBD

5.8 APPLICANT SCREEN

Summary

This screen is used to add new and update existing medical and dental providers who are applying to participate in CMS programs. Applicant name, address, license number, and related information are entered and maintained for each applicant. This screen also assigns the applicant a unique applicant ID. Once all the required applicant and application information has been entered and saved the enrollment process can be started for the applicant.

Actions/Functions

The following functions are required:

1. Add applicant – This function will add a new applicant.
2. Update applicant – This function will update an existing applicant.
3. Start enrollment – This function creates a provider record for the applicant containing the applicant information and a provider id.
4. Assign ID – This function will assign an applicant identification number to an applicant when the applicant is created.

Entrance Rules, Preconditions

1. If a new applicant is going to be added the applicant must not already exist in the provider/facility enrollment database.

Processing Rules
1. Each applicant must be assigned a unique applicant ID. The applicant ID is a unique 7-digit number that is assigned by the application.

Add Rule:
1. All required fields must be populated.

Update Rule:
2. All required fields must be populated.

Exit Rules, Post Conditions
Once the provider enrollment process has been started for an applicant (i.e. the provider record has been created) no further updates are permitted to the applicant via the applicant screen. All subsequent updates must occur using the Provider screen.

Table References
TBD

5.9 BUSINESS LOCATIONS LIST

Summary

This screen lists all the business locations that belong to a specified provider. Both active and inactive locations are listed. Business location address, location id, and related information are displayed for each location. This screen is available for use for all providers except those that have a sub-class of "renderer."

Actions/Functions

The following functions are required:

1. Select location – This function will enable a business location to be selected from the list for viewing or update.

Entrance Rules, Preconditions
1. The provider must exist and have at least one business location.
2. The provider must not have a sub-class of "renderer."

Processing Rules
Add Rule:
N/A – Display only.

Update Rule:
N/A – Display only.

Exit Rules, Post Conditions
1. Upon selection of a business location the Business Location screen will be displayed.

Table References
TBD

5.10 PAY-TO LOCATIONS LIST

```
Microsoft Access - [Pay-To Location List : Form]
File  Edit  View  Insert  Format  Records  Tools  Window  Help

                          PAY-TO LOCATION LIST

        SEL    PAY-TO ID          ADDRESS              CURRENT STATUS    STATUS DT


Record: |◄| ◄|          1 |►| ►I|►*| of 1        |◄|                         |►|
Form View                                                          NUM
```

Summary

This screen lists all the pay-to locations that belong to a specified provider. Both active and inactive locations are listed. Pay-to location address, pay-to id, and related information are displayed for each pay-to location. This screen is available for use for all providers except those that have a sub-class of "renderer."

Actions/Functions

The following functions are required:

1. Select pay-to – This function will enable a pay-to location to be selected from the list for viewing or update

Entrance Rules, Preconditions

1. The provider must exist and have at least one pay-to location.
2. The provider must not have a sub-class of "renderer."

Processing Rules

Add Rule:
N/A – Display only.

Update Rule:
N/A – Display only.

Exit Rules, Post Conditions
1. Upon selection of a pay-to location the Pay-to Location screen will be displayed.

Table References
TBD

5.11 INPATIENT HOSPITAL RATE/CODES SCREEN

Summary

This screen is used to enter and maintain information that is unique to hospital providers. Hospital providers are identified with a sub-class of "hospital." Approved hospital ID, hospital accommodation codes, and reimbursement rates are entered and maintained for each hospital provider. This screen is available only for providers that have a sub-class of "hospital."

Actions/Functions

The following functions are required:

1. Update hospital info – This function will update hospital information.

Entrance Rules, Preconditions

1. The provider must exist.
2. The provider must have a sub-class of "hospital."

Processing Rules

Add Rule:

1. All required fields must be populated.
2. The user must be able to view up to 270 accommodation codes.

Update Rule:
1. All required fields must be populated.

2. If the Approved Hospital is no longer approved, the end date from the Approved Hospital Table will be displayed in the Hospitals End Dt field when the screen is displayed. A message to the user will be displayed indicating that the hospital is no longer approved.

Exit Rules, Post Conditions
N/A

Table References
TBD

5.12 SPECIALTY SCREEN

```
Microsoft Access - [Specialty/Paneling Screen : Form]
 File  Edit  View  Insert  Format  Records  Tools  Window  Help

                                    SPECIALTY

 SPECIALTY  [            ▼]        PANEL RQD  [   ]  PANEL OVERRIDE [ ▼]  BY [            ]

 PANEL STATUS    DATE        AUTH BY              REASON           EFF DT      END DT
   APPROVED    [        ]  [           ]
   PROVISIONAL [        ]  [           ]  [                   ]  [        ]  [        ]
   PENDING     [        ]  [           ]  [                   ]
   DENIED      [        ]  [           ]  [                   ]

   FORWARD TO  [          ]  FORWARD DT  [          ]

   ASSIGNED SPECIALTIES

       SEL        SPECIALTY           STATUS          DATE

      [  ]    [              ]    [          ]    [          ]
      [  ]    [              ]    [          ]    [          ]
      [  ]    [              ]    [          ]    [          ]
      [  ]    [              ]    [          ]    [          ]


 Record: I◄ ◄ [      1 ] ► ►I ►* of 1      ◄                                    ►
 Form View                                                          CAPS NUM
```

Summary

This screen is used to add new and update existing provider specialty information. Specialty name, paneling requirements and related information are entered and maintained for each rendering provider. This screen is available only for providers that have a sub-class of "renderer."

Actions/Functions

The following functions are required:

1. Add specialty – This function will add a new specialty.
2. Update specialty – This function will update an existing specialty.
3. List specialties – This function will display a list of all specialties for a specified provider. A specialty can be selected from the list for viewing/update.

Entrance Rules, Preconditions
1. Provider must exist.
2. Provider must have a sub-class of "renderer."

Processing Rules

1. A Rendering provider must have at least one specialty and a maximum of five specialties. If the user attempts to enter more than five specialties, an error message will be displayed advising that the provider can only have five specialties.

Add Rule:
All required fields must be populated.

Update Rule:
All required fields must be populated.

Exit Rules, Post Conditions
N/A

Table References
TBD

5.13 SPECIAL CARE CENTER ASSOCIATION SCREEN

```
Microsoft Access - [Associate SCC Screen : Form]
 File  Edit  View  Insert  Format  Records  Tools  Window  Help

                    SPECIAL CARE CENTER ASSOCIATION


        CENTER NAME  [                    ]         CENTER ID  [          ]

   ASSOCIATION EFF DT  [          ]         ASSOCIATION END DT  [          ]


     SCC ASSOCIATION LIST

     SELECT       CENTER ID        CENTER NAME          REL EFF DT      REL END DT

      [ ]       [          ]    [                ]    [          ]    [          ]
      [ ]       [          ]    [                ]    [          ]    [          ]
      [ ]       [          ]    [                ]    [          ]    [          ]
      [ ]       [          ]    [                ]    [          ]    [          ]
      [ ]       [          ]    [                ]    [          ]    [          ]


Record:  I◄  ◄        1  ►  ►I ►*  of 1       ◄
Form View                                                          NUM  SCRL
```

Summary

This screen is used to associate and disassociate a rendering provider from/to a SCC (Special Care Center.) The associated SCC name and the effective date of the association are entered and maintained for each SCC association that a rendering provider has. This screen is available only for providers that have a sub-class of "renderer" or "individual." Group/Billing providers cannot be associated to an SCC.

Actions/Functions

The following functions are required:

1. Add association – This function will create a new SCC association.
2. Deactivate association – This function will deactivate/end an SCC association.
3. List associations – This function will display a list of all SCC associations for a specified provider.   An association can be selected from the list for viewing/update.

Entrance Rules, Preconditions
1. The provider must have a sub-class of "renderer" or "individual."

Processing Rules
1. A Rendering provider may be associated with none, one or more SCCs.
2. If an SCC is inactive the user must not be able to create an association to the SCC.
3. If a SCC becomes inactive after being associated to a Rendering provider, the end date from the Center Name Table will be displayed in the Special Care End Date field when the screen is displayed. A message advising that the SCC is no longer active and that the provider's association will be ended will be displayed.
4. When an SCC becomes inactive, all rendering provider associations (both rendering and Individual) to the SCC must be ended.
5. A rendering provider cannot have two active associations to the same SCC.

Add Rule:
1. All required fields must be populated.
2. The SCC being associated to must be active.

Update Rule:
1. All required fields must be populated.

Exit Rules, Post Conditions
N/A

Table References
TBD

5.14 BUSINESS LOCATION SCREEN

Summary

This screen is used to add new and update existing provider business locations. A provider may have multiple business locations. Business location address, pay-to location, and related information are entered and maintained for each location. This screen also assigns each business location a unique business location ID. This screen is available only for providers that have a sub-class of "group", "school", "individual" or "hospital." Rendering providers cannot "own" a business location.

Actions/Functions

The following functions are required:

1. Add business location – This function will add a new business location.
2. Update business location – This function will update an existing business location.
3. Deactivate business location – This function will deactivate a business location.
4. Display status history – This function will display business location status history.
5. Display pay-to assignment history – This function will display all the pay-to locations that have ever been assigned to this business location.

Entrance Rules, Preconditions

1. The provider must exist.
2. The provider must have a sub-class of "group", "individual", "school" or "hospital."

3. The provider must have at least one active pay-to location.

Processing Rules
1. The application must assign each Business location a unique ID.
2. An Out of State provider is any provider located within the United States, but outside of California and the border zone which is defined by zip codes.
3. USPS zip codes provided by Delta Dental must be utilized when defining California, Border, and Out of State for dental providers.

Add Rule:
1. All required fields must be populated.

Update Rule:
1. All required fields must be populated.

Exit Rules, Post Conditions
1. A business location must have an assigned pay-to location.
2. If a business location is deactivated all active associations to the location must also be deactivated.

Table References
TBD

5.15 PAY-TO LOCATION SCREEN

Summary

This screen is used to add new and update existing provider pay-to locations. A provider may have multiple pay-to locations. Pay-to location address and related information are entered and maintained for each location. A pay-to location may be assigned to/used by multiple business locations that belong to the same provider.

This screen also assigns each pay-to location a unique pay-to location ID. This screen is available only for use for providers that have a sub-class of "group", "school", "individual" or "hospital." Rendering providers cannot "own" a pay-to location.

Actions/Functions

The following functions are required:

1. Add pay-to location – This function will add a new pay-to location.
2. Update pay-to location – This function will update an existing pay-to location.
3. Deactivate pay-to location – This function will deactivate a pay-to location.
4. Display status history – This function will display pay-to location status history
5. Display business locations – This function will display a list of all the business locations that are assigned to this pay-to location.

Entrance Rules, Preconditions

1. The provider must exist.
2. The provider must have a sub-class of "group", "individual", "school" or "hospital."

Processing Rules
1. The application must assign each pay-to location a unique ID.

Add Rule:
1. All required fields must be populated.

Update Rule:
1. All required fields must be populated.

Exit Rules, Post Conditions
1. If a pay-to location is deactivated all provider business locations that are assigned to the deactivated pay-to location must be updated with a new pay-to-location.

Table References
TBD

5.16 PROGRAM PARTICIPATION SCREEN

```
Microsoft Access - [Participation Screen : Form]
File  Edit  View  Insert  Format  Records  Tools  Window  Help

                          PROGRAM PARTICIPATION
    CURRENT PARTICIPATION

            PROGRAM              STATUS              EFF DT

               CCS          [            ▼]     [            ]
               GHPP         [            ▼]     [            ]
               MEDI-CAL     [            ]      [            ]
               DENTI-CAL    [            ]      [            ]


    PARTICIPATION HISTORY


            PROGRAM          STATUS          EFF DT          END DT

         [          ]   [          ]   [          ]   [          ]
         [          ]   [          ]   [          ]   [          ]
         [          ]   [          ]   [          ]   [          ]
         [          ]   [          ]   [          ]   [          ]
         [          ]   [          ]   [          ]   [          ]

Record: |◄ ◄ |      1  ► ►| ►*| of 1
Form View                                              CAPS NUM
```

Summary
This screen is used to add new and update existing provider program participation.
Program participation and related information are entered and maintained for each
provider. This screen is available for use on all classes of providers.

Actions/Functions
The following functions are required:

1. Add program participation – This function will designate a provider as participating in
   a program.
2. Deactivate program participation – This function will deactivate a provider's
   participation in a program.
3. Display participation history – This function will display a provider's program
   participation history.

Entrance Rules, Preconditions
1. Provider must exist in the provider/facility enrollment database.

Processing Rules
1. Participation History will display history for each program participation type. The user will have the ability to view multiple history records. The most recent history record will be displayed on the first row.
2. The End Date in the Participation History will be derived from the most recent Status Eff Date. The End Date will be the Status Eff Date minus one day. If this date is less than the current date, the End Date will be set to the current date. Refer to Table 5-6 for an illustration for setting the End Date.

Table 5-6, Setting History End Date

Field Name	Original	Change	History
Provider Status	A/ctive	I/nactive	A
Status Reason	3-BDE Letter Sent	3-Deceased	3
Status Eff Date	2/1/2000	4/15/00	
Eff Date			2/1/2000
End Date			4/14/00

Add Rule:
1. All required fields must be populated.

Update Rule:
1. All required fields must be populated.

Exit Rules, Post Conditions:
N/A

Table References
TBD

5.17 BUSINESS LOCATION ASSOCIATION SCREEN

 Summary

This screen is used to associate/disassociate a rendering provider to a group/billing provider business location. Business locations are created and maintained via the business location screen. Business location association and related information are entered and maintained for each association that a provider has. This screen is available for use on all sub-classes of providers except "Billing/Group."

Actions/Functions

The following functions are required:

1. Add association – This function will associate a provider to a business location.
2. Disassociate association – This function will disassociate a provider from a business location.
3. Display associations – This function will display a list of the provider's active and inactive business location associations. An association can be selected from the list for viewing/update.

Entrance Rules, Preconditions

1. Billing/Group provider must exist.

2. The business location that the renderer is being associated to must be active.
3. Rendering provider must exist.
4. The Billing/Group and Rendering provider must both have a Provider Status of Active before being associated.

Processing Rules
1. A provider may have none, one or more business location associations.
2. A provider can be associated to business locations that belong to different providers.

Add Rule:
1. All required fields must be populated.
2. A provider cannot have two active associations to the same provider business location.

Update Rule:
1. All required fields must be populated.

Exit Rules, Post Conditions
N/A

Table References
TBD

5.18 APPLICATION SCREEN

Summary

This screen is used to add new and update existing program applications. Application type, status, and related information are entered and maintained for each applicant/provider's application(s). This screen is available for use on all classes of providers.

Actions/Functions

The following functions are required:

1. Add application – This function will add a new application.
2. Update application – This function will update an existing application.
3. Display applications – This function will display the applicants/providers active and inactive applications. An application can be selected from the list for viewing/update.
4. Assign ID – This function will assign an application identification number to an application when the application is created.

Entrance Rules, Preconditions
1. Applicant or provider must exist.
2. If updating an application the application must exist.

3. Once the enrollment process has started for an applicant/application all new applications and updates to existing applications must be entered via the provider.
4. Disallow new applications and application updates to occur via the applicant screen if the applicant has been setup as a provider.

Processing Rules
1. An applicant may have none, one or many applications.
2. A provider may have none, one or many applications.
3. Each application must be assigned a unique 6-digit number that is assigned by the system.
4. If the Emergency End Date is equal to or less than the current date, the application status must be changed from Emergency Active to Inactive.

Add Rule:
1. All required fields must be populated.

Update Rule:
1. All required fields must be populated.

Exit Rules, Post Conditions
N/A

Table References
TBD

5.19 LETTER REQUEST SCREEN

```
Microsoft Access - [Letters Screen : Form]
 File  Edit  View  Insert  Format  Records  Tools  Window  Help

                              LETTER REQUESTS

     LETTER REQUESTED  [        ▼]    LETTER ID [    ]    BUSINESS  LOC ID [    ]


           SEND LETTER TO:   ATTN  [                ]
                             ST 1  [                ]
                             ST 2  [                ]
                             CITY  [          ]  ST [  ]  ZIP [      ]
                           COUNTY  [          ]       OUT OF ST IND [    ]
                            PHONE  [        ]
                              FAX  [        ]
                            EMAIL  [                ]


      LETTER REQUEST HISTORY
           LETTER REQUESTED            ID        RQST DT        CORRESP #

           [            ]        [      ]    [        ]    [        ]
           [            ]        [      ]    [        ]    [        ]
           [            ]        [      ]    [        ]    [        ]
           [            ]        [      ]    [        ]    [        ]

Record: |◄| ◄ |        1 | ► |►|| ►*| of 1      ◄|                         |►|
Form View                                                          CAPS NUM
```

Summary
This screen is used to request the printing of a letter. The applicant/providers/facility's name and address information is merged with a predefined letter template and then printed. This screen is available for use on all applicants, all classes of providers, and all facilities.

Actions/Functions
The following functions are required:

1. Request letter – This function will generate letter print requests
2. Display history – This function will display a list of letters that have been requested for printing.

Entrance Rules, Preconditions
1. Provider/Applicant exists.

Processing Rules
1. The address that will be merged into the letter is the address associated with the business location that is selected. If no business location is specified then the main address that is maintained on the Applicant/Provider screens will be used.

2. Each letter request will be assigned a unique Correspondence Request ID.
3. After a letter has been requested an entry in letter history will be recorded.
4. Letter request history will be displayed in the "Letter Request History" area. The user must be able to view multiple request history records. The most recent letter will be displayed on the first row of the history.
5. History records will be display only.

Add Rule:
1. All required fields must be populated.

Update Rule:
1. All required fields must be populated.

Exit Rules, Post Conditions

Table References
TBD

5.20 SUMMARY SCREEN

Summary
This screen is used to display summary information about a medical/dental provider. Provider program participation, SCC associations and related information are displayed. This screen is available for use on all classes of providers.

Actions/Functions
The following functions are required:

1. Display summary – This function displays selected summary provider information.

Entrance Rules, Preconditions
1. Provider must exist.

Processing Rules
1. If the user is a "county user" and the provider status is not "Active" suppress the display of the provider ID.

Add Rule:
N/A – Display only.

Update Rule:
N/A – Display only.

Exit Rules, Post Conditions:
N/A

Table References
TBD

5.21 GROUP RENDERING PROVIDERS

Summary

This screen is used to display the list of rendering providers associated to a Group provider. Rendering provider name, provider ID and related information is displayed. This screen is available for use only for providers with a class of "Group."

Actions/Functions

The following functions are required:

1. Display renderers – This function will display the list of rendering providers for a specified Group provider.

Entrance Rules, Preconditions

1. Provider must have a class of "Group" and have at least one rendering provider association.

Processing Rules

N/A

Add Rule:

1. NA – Display only.

Update Rule:
1. N/A – Display only.

Exit Rules, Post Conditions
N/A

Table References
TBD

5.22 COMMENTS SCREEN

Summary

This screen is used to add new and update existing user comments. Comment date, text, and related information are displayed. This screen is available for use on all applicants, providers, and facilities.

Actions/Functions

The following functions are required:

1. Add comment – This function will add a new comment.
2. Update comment – This function will update an existing comment.
3. Display comments – This function will display a list of all comments for a specified applicant, provider, or facility. A comment can be selected from the list for viewing/update.

Entrance Rules, Preconditions

N/A

Processing Rules

N/A

Add Rule:
1. All required fields must be populated.

Update Rule:
1. All required fields must be populated.

Exit Rules, Post Conditions
N/A

Table References
TBD

5.23 FACILITY SCREEN

Summary
This screen is used to add new and update existing special care centers and hospital facilities. Facility name, address and related information are entered and maintained for each facility. This screen also assigns the facility a unique facility ID.

Actions/Functions
The following functions are required:

1. Add facility – This function will add a new facility.
2. Update facility – This function will update an existing facility.
3. Assign ID – This function will assign a facility identification number to a facility.

Entrance Rules, Preconditions
1. If a new facility is going to be added the facility must not already exist in the provider/facility enrollment database

Processing Rules
Add Rule:
1. All required fields must be populated.

Update Rule:
1. All required fields must be populated.

Exit Rules, Post Conditions
N/A

Table References
TBD

5.24 FACILITY APPLICATION SCREEN

Summary

This screen is used to add new and update existing applications that have been submitted by special care centers and hospitals. Application type, status, and related information are entered and maintained for each application. This screen also assigns the application a unique application ID.

Actions/Functions

The following functions are required:

1. Add application – This function will add a new application.
2. Update application – This function will update an existing application.
3. Display applications – This function will display the facility's active and inactive applications. An application can be selected from the list for viewing/update.
4. Assign ID – This function will assign an application identification number to an application when the application is created.

Entrance Rules, Preconditions

1. Facility must exist.

Processing Rules

Add Rule:
1. All required fields must be populated.

Update Rule:
1. All required fields must be populated.

Exit Rules, Post Conditions
N/A

Table References
TBD

5.25 SITE REVIEW SCREEN

Summary
Before a facility is approved it must undergo a site review. This screen is used to add new and update site review information. Site review status, text, and related information are entered and maintained for each site review that is conducted.

Actions/Functions
The following functions are required:

1. Add site review – This function will add a new site review.
2. Update site review – This function will update an existing site review.
3. Display site reviews – This function will display a list of all site reviews that have been conducted/are scheduled for a specified facility. A site review can be selected from the list for viewing/update.
4. Display status history – This function will display status history for a site review.

Entrance Rules, Preconditions
N/A

Processing Rules
N/A

Add Rule:
1. All required fields must be populated.

Update Rule:
1. All required fields must be populated.

Exit Rules, Post Conditions
N/A

Table References
TBD

5.26 CONTACTS SCREEN

```
Microsoft Access - [Contacts : Form]                                    _ 8 X
  File  Edit  View  Insert  Format  Records  Tools  Window  Help          _ 8 X

                              CONTACTS

      TITLE [          ]     NAME: LAST [          ]  FIRST [        ]  MI [  ]

      POSITION [          ]              GENDER [  v]

         ST1 [          ]
         ST2 [          ]
        CITY [          ]  ST [ v]  ZIP [      ]
       PHONE [        ]    FAX [        ]      TDD [          ]
       EMAIL [          ]

      CONTACT LIST:

         SEL      TITLE              LAST        FIRST    MI  GENDER
         [ ]  [          ]  [          ]  [        ]  [ ]  [ ]
         [ ]  [          ]  [          ]  [        ]  [ ]  [ ]
         [ ]  [          ]  [          ]  [        ]  [ ]  [ ]
         [ ]  [          ]  [          ]  [        ]  [ ]  [ ]

  Record:  14  1        1   ▶ ▶I ▶*  of 1   ◀
  Form View                                              CAPS NUM
```

Summary
This screen is used to add new and update existing facility contact persons. Name, address, and related information are entered and maintained for each contact person.

Actions/Functions
The following functions are required:

1. Add contact – This function will add a new contact.
2. Update contact – This function will update an existing contact.
3. Display contacts – This function will display a list of all contacts for a specified facility. A contact can be selected from the list for viewing/update.

Entrance Rules, Preconditions
N/A

Processing Rules

Add Rule:
1. All required fields must be populated.

Update Rule:
1. All required fields must be populated.

Exit Rules, Post Conditions
N/A

Table References
TBD

5.27 COMPLIANCE ACTIONS SCREEN

Summary

During the facility approval process compliance actions may be issued before approval is granted. Compliance actions must be completed before facility approval is granted. This screen is used to add new and update existing compliance actions. Entered date, due date, and related information are entered and maintained for each action.

Actions/Functions

The following functions are required:

1. Add compliance action – This function will add a new compliance action.
2. Update compliance action – This function will update an existing compliance action.
3. Display compliance actions – This function will display a list of all compliance actions for a specified facility. An action can be selected from the list for viewing/update.

Entrance Rules, Preconditions

N/A

Processing Rules

Add Rule:
1. All required fields must be populated.

Update Rule:
2. All required fields must be populated.

Exit Rules, Post Conditions
N/A

Table References
TBD

5.28 SITE REVIEW REPORTS SCREEN

Summary

When a site review is completed a site review report(s) is prepared. This screen is used to add new and update existing site review reports. Due date, completion date, and related information are entered and maintained for each report.

Actions/Functions

The following functions are required:

1. Add site report – This function will add a new site report.
2. Update site report – This function will update an existing site report.
3. Display site reports – This function will display a list of all site reports for a specified site review. A report can be selected from the list for viewing/update.

Entrance Rules, Preconditions

N/A

Processing Rules

Add Rule:
1. All required fields must be populated.

Update Rule:
1. All required fields must be populated.

Exit Rules, Post Conditions
N/A

Table References
TBD

5.29 SITE VISIT SCREEN

Summary

During a site review a site visit(s) is conducted. This screen is used to add new and update existing site visits. Site visit schedule date, completion date, and related information are entered and maintained for each site review.

Actions/Functions

The following functions are required:

1. Add site visit – This function will add a new site visit.
2. Update site visit – This function will update an existing site visit.
3. Display site visits – This function will display a list of all site visits for a specified site review. A site visit can be selected from the list for viewing/update.

Entrance Rules, Preconditions

N/A

Processing Rules

Add Rule:
1. All required fields must be populated.

Update Rule:
1. All required fields must be populated.

Exit Rules, Post Conditions
N/A

Table References
TBD

5.30 SCC TEAM MEMBERS SCREEN

Summary

Each SCC (special care center) has a team of providers that provide services. This screen is used to associate and disassociate a rendering provider from/to a SCC. The effective and end date of the providers team membership are entered and maintained for each team member.

Actions/Functions

The following functions are required:

1. Add team member – This function will add new team members.
2. Update team member – This function will update an existing team member.
3. Display team members – This function will display a list of all SCC team members. A team member can be selected from the list for viewing/update.

Entrance Rules, Preconditions

1. This screen can be used only with special care centers. It is not displayed/available when the facility is a hospital.

Processing Rules

Add Rule:
1. All required fields must be populated.
2. A prospective SCC team member must be an enrolled provider before he can be added to a SCC team.
3. Only providers that have a sub-class of "renderer" or "individual" are eligible to be associated to a SCC. Group/Billing providers cannot be associated to a SCC.

Update Rule:
1. All required fields must be populated.

Exit Rules, Post Conditions
N/A

Table References
TBD

5.31 PROVIDER QUERY SCREENS

The following are the general functional requirements for the provider query screens and associated select lists.
The general requirements apply to the Medical, Dental, and Special Care Center enrollment areas, and the Hospital Approval area of the Provider Enrollment application.

The query process is as follows:

- Enter the criteria to be used to search for a provider,

- Perform search,

- If no matching provider record is found, a message will display that no records were found,

- If one or more providers are found during the query process, a Select List shall be displayed and

- Select a provider from the select list; present the provider's data in the applicable provider enrollment screens.

Once a provider is selected from the select list, the provider enrollment screens will be populated with existing data from the Provider Master File Extract.

The Provider Query screen (refer to Figure xxx, Provider Query Screen Layout for a screen sample) is displayed when a menu selection is made from either the Center, Hospital, Dental, or Medical enrollment second-level menus that are available from the Provider Enrollment main menu. Refer to the Provider Menu Functional Design Specification (E47-410) document for additional information concerning menus.

The same Provider Query screen is used throughout the provider application. It displays pre-defined fields that are used to specify query criteria. The menu option that is used to invoke the provider query screen determines which fields are enabled. Table 5-1, Enabled Query Fields by Area lists the query fields that are enabled for each enrollment area.

Table 5-1, Enabled Query Fields by Area

Query Field	SCC	Hospital	Medical	Dental
ID	Yes	Yes	Yes	Yes
Service Location in conjunction with Billing ID	No	No	No	Yes
County	Yes	Yes	No	No
Name	Yes	Yes	Yes	Yes
Rendering Provider	No	No	No	Yes
Billing Provider	No	No	No	Yes
DBA	No	No	Yes	No
Tax ID	No	Yes	Yes	Yes
SSN	No	No	Yes	No
License No.	No	No	Yes	No
Type	Yes	Yes	No	No
Status	Yes	Yes	No	No

5.32 SELECT LIST REQUIREMENTS

If one or more matching providers are identified during a query, a select list shall be displayed. Select lists are defined for each query and are used to view the list of providers that matched the query criteria. The content and appearance of a select list will vary depending on the query results that are returned. Figure 5-1, Select List Sample is an illustration of a select list.

Select Provider

```
( )Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX ID:C999999 City:
```

```
XXXXXXXXXXXXXXXXXXXXX
 County: XXXXXXXXXXXX Type:XXXXXXXXXXXXXXXXXXX  Status:XXXXXXXXXXXXXXXXXX
```

```
( )Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ID:C999999 City:
XXXXXXXXXXXXXXXXXXXX
 County: XXXXXXXXXXXX Type:XXXXXXXXXXXXXXXXXXX  Status:XXXXXXXXXXXXXXXXXX
```

Figure 5-1, Select List Sample

- The data that is displayed on a select list is non-editable.

- A maximum of twenty records shall display at one time on a select list.

- If more than twenty providers are returned on a select list, the bottom of the select list will display the standard options for MORE, PREVIOUS or QUIT.

- If twenty or less providers are returned, the bottom of the select list will display the standard QUIT option. The default position of the cursor is the QUIT option.

- The parentheses "( )" that appear at the beginning of each entry on a select list is used to highlight the provider for selection. To select a provider the cursor will be positioned within the parentheses and then the "enter" key pressed.

- If a record is selected, the applicable CMS Net screens will be populated with previously existing PMF and CMS Net data for the selected provider.

If no record is selected from the select list, a message advising the user that no provider was selected will be generated.

The cursor shall be positioned on the first field of the submitted query.

5.33 MEDI-CAL QUERY

When Medical Enrollment is selected from the Provider Enrollment Main Menu a second-level menu — Medical Query will be displayed. From the Medical Enrollment menu, the user will be able to select one of the following three options:

- Application Process

- Panel Process

- Display Summary

Each one of these menu options when selected will result in the Provider Query screen being displayed. The user will be able to query by the following criteria — By Provider ID, Provider Name, Federal Tax ID, SSN, License Number, and DBA. Table 5-2, Medical Query Fields/Select Lists specifies the query criteria fields that will be enabled on the Provider Identification screen and the Select Lists that are available when the screen is invoked from within the Medical enrollment area.

5.33.1   Medical Query Fields/Select Lists

Table 3-7,Medical Query Fields/Select Lists specifies the query types, and the select list structure that will be displayed for a given query type. It also lists the fields that must be enabled on the Provider Identification screen for a given query.

Table 5-2, Medical Query Fields/Select Lists

Query Type	Enabled Fields	Select List	DD Ref	Select List Structure Note: "( )" is used to highlight a provider for selection

By Provider ID	ID	• Name
		• ID
		• Status
		• Street
		• City
				`( )Name: XXXXXXXXXXXXXXXXXXXXXX ID:XXXXXXXXX Status:X`
				
				` St: XXXXXXXXXXXXXXXXXXXX City: XXXXXXXXXXXXXXXXX`

By Provider Name	Name	• Name
		• ID
		• Status
		• Street
		• City
		• DBA
				`( )Name: XXXXXXXXXXXXXXXXXXXXXX ID:XXXXXXXXX Status:X`
				` St: XXXXXXXXXXXXXXXXXXXX City: XXXXXXXXXXXXXXXXX`
				`DBA:XXXXXXXXXXXXXXXXXXXXXX`

By Federal Tax ID	Tax ID	• Name
		• ID
		• Status
		• Street
		• City
		• Fed Tax ID
				`( )Name: XXXXXXXXXXXXXXXXXXXXXX ID:XXXXXXXXX Status:X`
				` St: XXXXXXXXXXXXXXXXXXXX City: XXXXXXXXXXXXXXXXX`
				`Tax ID:XXXXXXXXX`

By SSN	SSN	• Name
		• ID
		• Status
		• Street
		• City
		• SSN
				`( )Name: XXXXXXXXXXXXXXXXXXXXXX ID:XXXXXXXXX Status:X`
				` St: XXXXXXXXXXXXXXXXXXXX City: XXXXXXXXXXXXXXXXX`
				`SSN:XXXXXXXXX`

By License Number	License	• Name
		• ID
				`( )Name: XXXXXXXXXXXXXXXXXXXXXX ID:XXXXXXXXX Status:X`
				` St: XXXXXXXXXXXXXXXXXXXX City: XXXXXXXXXXXXXXXXX`
				`License: XXXXX`

Query Type	Enabled Fields	Select List	DD Ref	Select List Structure Note: "( )" is used to highlight a provider for selection
		• Status • Street • City • License		
By DBA	DBA	• Name • ID • Status • Street • City • DBA		`( )Name: XXXXXXXXXXXXXXXXXXXXXXX ID:XXXXXXXXX Status:X` `  St: XXXXXXXXXXXXXXXXXXXXX City: XXXXXXXXXXXXXXXXXX` `  DBA:XXXXXXXXXXXXXXXXXXXXXXX`

5.34 DENTAL QUERY

From the Main Menu the user shall be able to access Dental Enrollment as a menu choice. From this selection, the user shall further be able to select one of the following options:

- Billing Provider

- Rendering Provider

- Business Location

- Association Process

- Association to SCC

- Billing Summary

- Rendering Summary

- Billing/Rendering Summary

The user shall be able to query by the following fields:

- ID

- Service Location (may only be used with a Billing ID)

- Name

- Tax ID

All queries submitted through Dental Provider shall be single field queries with the exception of ID. A user may submit an ID and Service Location query. Note: Service Location shall not be submitted without an ID.

If the user attempts to enter incorrect data combinations, the system shall generate a message advising the user of the error.

The cursor shall be placed on field generating the error. The user must clear the selected criteria to submit a new query.

The system shall recognize a Billing and Rendering ID by the single alpha character that proceeds the five-digit number:

- a Billing provider ID shall begin with a B or G

- a Rendering provider ID shall begin with a D, A, N, O, or X

When querying by field: Name, the user shall indicate if the provider is a billing provider or rendering provider. If the user hasn't selected either Billing Provider or Rendering Provider, the system shall generate a message advising the user that one must be marked. The user shall not be allowed to mark both choices.

The cursor shall be positioned on Provider Type field.

A maximum of 20 results shall be returned from each query submitted. If the query results are greater than 20, a counter shall be indicated on the response record under

field RSPN-TOTAL-REC; refer to Table 3-3a for an illustration of the Response Record layout. If more that 20 matches are found, the transmission of succeeding response records will require another request record with a Request Start Record value of 21. If no matching record is found, Request Start Record will contain spaces.

The user shall be able to resubmit the query to return additional responses if necessary by pressing the selection "More" on the control panel on the select list. Records returned during the previous query shall remain until the select list is closed.

Each query response is 250 characters in length. Each query after the first query shall be incremented by 250. For example, the response to a query shall indicate a beginning position of 51; the next response shall start with position 301; the next shall start with position 551, etc.

5.34.1 Submitting a Dental Query

The following is general information regarding the submission of a query to either CMS Net or the Denti-Cal PMF.

There are nine Request Codes that may be submitted to CMS Net and the Denti-Cal PMF:

- 1—Billing provider record using Billing provider ID
- 2—Billing provider record using Billing provider tax ID
- 3—Rendering provider record using Rendering provider ID
- 4—Rendering provider directory using Billing provider ID & Service Office number
- 5—Service Office record using the Billing provider ID & Service Office number
- 6—Service Office listing using Billing provider ID
- 7—Billing provider listing using Rendering provider ID
- 8—Billing provider listing using Billing provider last name
- 9—Rendering provider listing using Rendering provider last name

5.34.2 Dental Query Fields/Select Lists

The select list may be different for each type of query submitted. Refer to Figures 5-3 through 5-8 for the select list structures. The select list that is displayed may depend upon how the data was requested. Some query results require a separate select list to be displayed.

Note: data in brackets shall not be displayed; this information identifies what type of data will appear. Refer to Tables 5-20 through 5-25, Data Dictionary for the Select List fields.

Figure 5-3 displays the select list to support Section 5.8.5.5 when the initial query is Query #8. The select list displays the service location. It may return multiple records with a Billing provider name. The user shall select one.

```
( ) [Name]: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ID: XXXXXX

[service] City: XXXXXXXXXXXXXXXXXXXXXXXXX [service] St: XX
```

Figure 5-3, Select List for Billing Provider/Service Location

Figure 5-3a displays the Select List to support Section 5.8.5.5 when the initial query is Query #1 or Query #2.   The Select List displays the billing location. It may display multiple records with a Billing provider name. The user shall select one.

```
( ) [Name]: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ID: XXXXXX

 Tax ID: 999999999  [billing] City: XXXXXXXXXXXXXXXXXXXXXXX [billing] St: XX
```

Figure 5-3a, Select List for Billing Provider/Business Location

Figure 5-4 displays the Select List to support Section 5.8.5.6. It may display multiple occurrences; the user may select one.

```
( ) [Name]: XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X ID: XXXXXX

 License #: XXXXXX SSN: 9999999999  Specialty: XXXXXXXXXXXXXXXXXXXX
```

Figure 5-4, Select List for Rendering Provider

Figure 5-5 displays the Select List to support Sections 5.8.5.7 and 5.8.5.11. It may display multiple occurrences; the user may select a single Billing provider plus one or more service locations.

Note: the results from Query #6 and #8 may display multiple Name, address ID or physical address information.

```
( ) [Name] XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ID: XXXXXX

Ofc ID: XX

[address:  St1, city, St, zip]

XXXXXXXXXXXXXXXXXXXXXXXXXXXX,     XXXXXXXXXXXXXXXXXXXXXXXXXXX,     XX
XXXXX

 Stop Mail: 99/99/9999
```

Figure 5-5, Select List for Service Location & Billing Summary

Figure 5-6a displays the Select List to support Section 5.8.5.8 and 5.8.5.10. The results from the queries may return multiple Biller Names and service address information. The user may select multiple billers/service locations.

```
 Render [Name] XXXXXXXXXXXXXXX, XXXXXXXXXXXX X ID: XXXXXX Ofc ID: XX
```

```
( )Biller [name] XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ID
XXXXXX

[address:  St1, city, St, zip]

XXXXXXXXXXXXXXXXXXXXXXXXXXXX,     XXXXXXXXXXXXXXXXXXXXXXXXX,     XX
XXXXX

Stop Mail : 99/99/9999
```

Figure 5-6a, Select for Association Process, Rendering Summary

Figure 5-6b displays the Select List structure to support Sections 5.8.5.6 and 3.8.5.8 when initial query is Query #4 and Section 3.3.5.11. When selecting data for Section 5.8.5.8 and 3.8.5.11 the user may make multiple selections.

The difference between Figure 5-6a and Figure 5-6b is that 5-6a the user may select a Billing provider and 3-6b the user may select a Rendering provider.

```
Bill [name] XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ID: XXXXXX

( ) Render [Name] XXXXXXXXXXXXXX, XXXXXXXXXXXX X ID: XXXXXX Ofc ID:
XX

[address:  St1, city, St, zip]

XXXXXXXXXXXXXXXXXXXXXXXXXXX,     XXXXXXXXXXXXXXXXXXXXXXXXX,     XX
XXXXX

Stop Mail: 99/99/9999
```

Figure 5-6b, Select for Association Process & Billing/Rendering Summary

Figure 5-7 displays the structure for the SCC Provider Association lookup. This structure shall support Section 5.8.5.9.   It will display a single rendering provide with one or more Center Names.

Note: multiple Centers may be displayed on the Select List for SCC Provider Association. The Center Name may be truncated.

```
 [Name] XXXXXXXXXXXXXX, XXXXXXXXXXXX X ID: XXXXXX

( ) Center [Name]:XXXXXXXXXXXXXXXXXXXXXXXXXXXXX ID: AXXXXXX Eff Date:
99/99/9999
```

Figure 5-7, Select List for SCC Provider Association

The Select List shall behave according to standards. Choices shall be:

- Quit

- More (if record returned is greater than 20)

- Previous (if More is an option)

The Select List for Query # 3, 5, 7, and 8 shall allow the user to select multiple choices before populating the screen.

When multiple choices are allowed an additional control shall appear on the control panel on the bottom of the Select List:

- Display Selected Records

If no record was selected from the Select List, the system shall generate a message advising the user no provider was selected.

The cursor shall return to the first field of the submitted query.

5.34.2.1   Select List Data Dictionary

Refer to Tables 5-20 through 5-25 that identifies the data requirements for each Select List.

Table 5-20 supports shall Figure 5-3.

Table 5-20, Support Figure5-3

Select List Name	CMS Field Name	Length/Type	Global DD #	Comments
[Name]	BILLING NAME	40 A	19	
ID	BILL PROV ID	6 AN	16	
Tax ID	TAX ID	9 N	121	
City	CITY	24 AN	33	
St	ST	2 A	156	

Table 5-21 supports shall Figure 5-3a.

Table 5-21, Support Figure 5-3a

Select List Name	CMS Field Name	Length/Type	Global DD #	Comments
[Name]	BILLING NAME	40 A	19	
ID	BILL PROV ID	6 AN	16	
Tax ID	TAX ID	9 N	121	
City	CITY	24 AN	33	
St	ST	2 A	156	

Table 5-22 shall support Figure 5-4.

Table 5-22, Support Figure 5-4

Select List Name	CMS Field Name	Length/Type	Global DD #	Comments
[Name]	• LAST	15 A	88	Concatenated from Last, First, MI
	• FIRST	12 A	75	
	• MI	1 A	109	

ID	REND PROV ID	6 AN	137	
License #	License #	5 AN	101, 102	CMS Net value is rprov-llic-nbr without the leading alpha character
SSN	SSN	9 N	155	
Specialty	Specialty	25 A	153	

Table 5-23 shall support Figure 5-5.

Table 5-23, Support Figure 3-5

Select List Name	CMS Field Name	Length/Type	Global DD #	Comments
[Name]	BILLING NAME	40 A	19	
ID	BILL PROV ID	6 AN	16	
Ofc ID	BUSINESS OFFICE ID	2 N	150	
[address]	ST1	24 A	163	
	CITY	24 AN	34	
	ST	2 A	157	
	ZIP	5 N	187	
	PH	15 N	124	Format:: (xxx) xxx-xxxx
Stop Mail	STOP MAIL	Date	106	Format:: mm/dd/yyyy

Table 5-24 shall support Figure 5-6a and 5-6b.

Table 5-24, Support Figure 5-6a & 5-6b

Select List Name	CMS Field Name	Length/Type	Global DD #	Comments
Biller [Name]	BILLING NAME	40 A	19	
ID	BILL PROV ID	6 AN	16	
Render [Name]	LAST	15 A	88	Concatenated from Last, First, MI
	FIRST	12 A	75	
	MI	1 A	109	
ID	RENDER PROV ID	6 AN	137	

Ofc ID	BUSINESS OFFICE ID	2 N	150	
[address]	ST1	24 A	163	
	CITY	24 AN	34	
	ST	2 A	157	
	ZIP	5 N	187	

Table 5-25 shall support Figure 5-7.

Table 5-25, Support Figure 5-7

Select List Name	CMS Field Name	Length/Type	Global DD #	Comments
[Name]	LAST	15 A	88	Name & ID are stored in CMS when associated to a SCC
	FIRST	12 A	75	
	MI	1 A	109	
ID	REND PROV ID	6 AN	137	
Center [Name]	CENTER NAME	40 A	30	
ID	CENTER ID	7 AN	28	
Eff Date	PROVIDER EFF DATE	Date	126	Format:: mm/dd/yyyy

The following tables were created to support the Dental Enrollment specification Document E47-450. These tables were copied and modified to provide conversion information to support the query process between CMS Net and the Denti-Cal PMF. The table structures may differ between the Dental Enrollment and the Provider Identification specifications.

- Table 5-26—Provider Status

- Table 5-27—Participation Status Reason

- Table 5-28—Type of Practice

- Table 5-29—Location State Code

- Table 5-30—Type of Business

The following table currently exist within CMS Net and shall be modified to support the Dental Enrollment process described in the above specification.

- Table 3982—Specialty

5.34.2.2   Table 5-26, Provider Status

Convert the Denti-Cal single character to the Long Description in CMS Net for the field names listed.

Table 5-26, Provider Status

Denti-Cal		CMS Net		
Field Name	**Code**	**Long Desc**	**Dental**	**Medical**
* Bill-prov-ccs-status-code	A	Active	X	X
* Rprov-ccs-status code	I	Inactive	X	X
* Bill-prov-ghpp-status code	P	Pending	X	X
* Rprov-ghpp-status-code				
* Bill-prov-status-code				
* Rprov-status-code				

5.34.2.3   Table 5-27, Participation Status Reason

The participation status reasons are associated to the Provider Status, refer to Table 5-26.   For example, if the Denti-Cal PMF field bill-prov-status is A(ctive) convert the status-reas-cd fields using the options associated with a provider status of Active.

Table 5-27, Participation Status Reason

Denti-Cal		CMS Net			
Field Name	**Code**	**Long Desc**	**Provider Status**	**Dental**	**Medical**
• bill-prov-status-reas-cd • bill-prov-ccs-status-reas-cd • bill-prov-ghpp-status-reas-cd • rprov-status-reas-cd • rprov-ccs-status-reas-cd • rprov-ghpp-status-reas-cd	[null]	Claim Activity/receive all mailings	Active	X	--
	1	No claim activity/receive all mailings	Active	X	--
	2	No claim activity/receive no mailings	Active	X	--
	3	BDE letter sent	Active	X	--
	1	Suspended	Inactive	X	--
	2	Revoked	Inactive	X	--
	3	Deceased	Inactive	X	--
	4	Voluntary withdrawal	Inactive	X	--
	5	Rejected/ for cause	Inactive	X	--
	6	Rejected/not licensed	Inactive	X	--
	7	Rejected/incomplete application	Inactive	X	--
	8	Undeliverable mail	Inactive	X	--

5.34.2.4   Table 5-28, Type of Practice

Convert the Denti-Cal PMF code to the CMS Net Long Description.

Table 5-28,Type of Practice

Denti-Cal		CMS Net		
Field Name	**Code**	**Long Desc**	**Dental**	**Medical**
Bill-prov-prac-code	I	Individual Practice	X	--
	G	Group Practice	X	--
	S	Dental School Clinic	X	--

5.34.2.5 Table 5-29, Location State Code

The Denti-Cal PMF values shall be displayed in CMS Net.

Table 5-29, Location State Code

Denti-Cal		CMS Net		
Field Name	**Code**	**Code**	**Desc**	**Dental**
Prov-oos-code	C	C	California	X
	B	B	Border	X
	O	O	Other	X
	F	F	Out of County	X

5.34.2.6 Table 5-30, Type of Business

Convert the Denti-Cal PMF code to the Long Description; display the long description in CMS Net.

Table 5-30, Type of Business

Short Desc	Long Desc	Dental
S	Sole Proprietor	X
P	Partnership	X
C	Corporation	X

5.34.2.7   Table 3982, Specialty Code

Convert the Denti-Cal PMF code value to the CMS Net description.

The system shall display the specialty codes with the 'D' indicator when accessing the specialty code listing through the Dental Menu.

Table 5-31, Modification to Specialty Code Table 3982

Denti-Cal		CMS Net Description	Dental Identifier
Field Name	**Code**		
Splty-code	00	General Practice	D
	10	Oral Surgery	D
	15	Endodontia	D
	20	Orthodontia	D
	25	Certified Orthodontia	D
	30	Pedodontia	D
	40	Periodontia	D
	50	Prosthodontia	D
	60	Oral Pathology	D
	70	Public Health	D
	80	Full Time Facility	D

5.35 SPECIAL CARE CENTER QUERY

When Center Query is selected from the Provider Enrollment Main Menu a second-level menu — Center Query will be displayed. The user will be able to query by the following criteria — By Center Name, Center ID, Center Type, County, and Center Status. From the Center Query menu, the user will be able to select one of the following six options:

- Application Process

- Desk Review Process

- Site Review/Approval Process

- Directory Update Process

- Center Team Display

5.35.1 SCC Query Fields/Select Lists

Table 5-2, SCC Query Fields/Select Lists specifies the query types, and the select list structure that will be displayed for a given query type. It also lists the fields that must be enabled on the Provider Query screen for a given query.

Table 5-2, SCC Query Fields/Select Lists

Query Type	Enabled Fields	Select List	DD Ref	Select List Structure Note: "( )" is used to highlight a provider for selection
By Center Name	Name	• Name • ID • Type • City • County • Status		`( )Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX ID:C999999 City: XXXXXXXXXXXXXXXXXXXX` `County: XXXXXXXXXXXX Type:XXXXXXXXXXXXXXXXXXX  Status:XXXXXXXXXXXXXXXXXXX`
By Center ID	ID	• Name • ID • Type • City • County • Status		`( )Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX ID:C999999 City: XXXXXXXXXXXXXXXXXXXX` `County: XXXXXXXXXXXX Type:XXXXXXXXXXXXXXXXXXX  Status:XXXXXXXXXXXXXXXXXXX`
By Center Type	Type	• Name • ID • Type • City • County • Status		`( )Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX ID:C999999 City: XXXXXXXXXXXXXXXXXXXX` `County: XXXXXXXXXXXX Type:XXXXXXXXXXXXXXXXXXX  Status:XXXXXXXXXXXXXXXXXXX`
By County	County	• Name • ID • Type • City • County • Status		`( )Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX ID:C999999 City: XXXXXXXXXXXXXXXXXXXX` `County: XXXXXXXXXXXX Type:XXXXXXXXXXXXXXXXXXX  Status:XXXXXXXXXXXXXXXXXXX`
By Center Status	Status	• Name • ID • Type • City • County • Status		`( )Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX ID:C999999 City: XXXXXXXXXXXXXXXXXXXX` `County: XXXXXXXXXXXX Type:XXXXXXXXXXXXXXXXXXX  Status:XXXXXXXXXXXXXXXXXXX`

5.36 HOSPITAL QUERY

When Hospital Approval is selected from the Provider Enrollment Main Menu a second-level menu — Hospital Approval will be displayed. From the Hospital Approval menu, the user will be able to select one of the following four options:

- Application Process
- Desk Review Process
- Site Review/Approval Process
- Display Summary

Each one of these menu options when selected will result in the Provider Query screen being displayed. The user will be able to query by the following criteria — By Hospital ID, Hospital Name, Hospital Type, Hospital Status, Federal Tax ID, and County. Table 5-13, Hospital Query Fields/Select Lists specifies the query criteria fields that will be enabled on the Provider Identification screen and the Select Lists that are available when the screen is invoked from within Hospital Approval.

5.36.1   Hospital Query Fields/Select Lists

Table 3-13, Hospital Query Fields/Select Lists specifies the query types, and the select list structure that will be displayed for a given query type. It also lists the fields that must be enabled on the Provider Identification screen for a given query.

Table 5-13, Hospital Query Fields/Select Lists

Query Type	Enabled Fields	Select List	DD Ref	Select List Structure Note: "( )" is used to highlight a provider for selection
By Hospital ID	ID	• Name • ID • County • Type • Status • Tax ID		`( ) Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX   ID:C999999  County: XXXXXXXXXXXXXX` `Type:XXXXXXXXXXXXXXXXXXXX  Status:XXXXXXXXXXXXXXXXXXX  Tax ID:XXXXXXXX`
By Hospital Name	Name	• Name • ID • County		`( ) Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX   ID:C999999  County: XXXXXXXXXXXXXX` `Type:XXXXXXXXXXXXXXXXXXXX  Status:XXXXXXXXXXXXXXXXXXX  Tax ID:XXXXXXXX`

		• Type • Status • Tax ID		
By Hospital Type	Type	• Name • ID • County • Type • Status • Tax ID		( ) Name: XXXXXXXXXXXXXXXXXXXXXXXXXXX ID:C999999 County: XXXXXXXXXXXXX Type:XXXXXXXXXXXXXXXXXXXX Status:XXXXXXXXXXXXXXXXXXX Tax ID:XXXXXXXX
By Hospital Status	Status	• Name • ID • County • Type • Status • Tax ID		( ) Name: XXXXXXXXXXXXXXXXXXXXXXXXXXX ID:C999999 County: XXXXXXXXXXXXX Type:XXXXXXXXXXXXXXXXXXXX Status:XXXXXXXXXXXXXXXXXXX Tax ID:XXXXXXXX
By Federal Tax ID	Tax ID	• Name • ID • County • Type • Status • Tax ID		( ) Name: XXXXXXXXXXXXXXXXXXXXXXXXXXX ID:C999999 County: XXXXXXXXXXXXX Type:XXXXXXXXXXXXXXXXXXXX Status:XXXXXXXXXXXXXXXXXXX Tax ID:XXXXXXXX
By County	County	• Name • ID • County • Type • Status • Tax ID		( ) Name: XXXXXXXXXXXXXXXXXXXXXXXXXXX ID:C999999 County: XXXXXXXXXXXXX Type:XXXXXXXXXXXXXXXXXXXX Status:XXXXXXXXXXXXXXXXXXX Tax ID:XXXXXXXX

5.37 TABLES

Table Maintenance is the function used to update data elements for existing tables used by the CMS NET application. The conversion of the CMS NET screens from "roll and scroll" to full screen implementations may include a variety of changes to existing functionality.

The Table Maintenance screen shall allow the user to update various data elements contained in the tables used for the CMS NET application. All of the tables will be accessible through the Systems Manager menu to be updated by the Systems Administrator. Select tables will be accessible through the Systems Maintenance menu to be updated by the individual users.

Conversion of the existing "roll and scroll" screen to a full screen format shall include the following:
- Access to the Table Maintenance screens will be contingent upon the security that has been assigned to the user
  - All tables will be available for update by the Systems Administrator through the Systems Manager menu
  - Select tables will be available for update by the individual users through the Systems Maintenance menu

- Provide user with the ability to perform the following:
  - Add data to the tables
  - Edit data within the tables
  - Delete data within the tables
  - View the data contents of a table

The existing vendor table shall be viewed and edited to assure accuracy, such as the deleting of any duplicate vendors.

A report shall be provided to the user population with the results of the above query/editing to assist them in "cleaning up" the existing patient records.

See Reference Tables to Support Medical and Dental Enrollment (Appendix E)

5.38 PROVIDER INTEGRATION WITH ELIGIBILITY AND SERVICE AUTHORIZATION SUB-SYSTEMS

It is intended that the Developer will provide a function for CCS/GHPP staff members to look-up Provider Enrollment data from the Client Eligibility and Service Authorization Sub-systems. The objective Is to facilitate and support client eligibility and service authorization by interfacing with the Provider Enrollment module. This will enable regional offices, counties and other staff members to accomplish such processes as verify paneling status by allowing read access to provider information.

5.39 CONVERSION/CONSOLIDATION OF EXISTING PMF FILES AND INFORMATION

The CCS maintains paper files of the Provider Master File. CCS also has an Access Database of the Provider Master File (CGP data). However, these files have questionable accuracy. It is necessary that the Developer verify the data in the FI Provider Master Files matches the CGP data and populate the Provider/Facility Enrollment database. There are approximately 5000 participating providers.

Objectives:
- Inactivate all duplication CGP provider files
- Verify the data in Medi-Cal matches CGP data
- Identify rendering providers within group (No rendering providers are in the system for group CGP providers)
- Add group/rendering data to Medi-Cal file if needed
- Evaluate provider types between Medi-Cal and CCS/GHPP (Ensure the providers types listed for Medi-Cal are the same for CCS/GHPP)
- Notify providers of changes (Providers need to know they will only use one number)
- Change "CGP" prefix to "CMS" prefix to CCS/GHPP only providers

6 APPENDIX A – SCENARIO/USE CASE MATRIX

User/Initiator	Scenario/Use Case					
Provider Services Unit	New Applicant					
	Receive application from a new applicant	**Group/Biller**	**Individual**	**Renderer**	**Hospital**	**School**
	Add new applicant					
	Add new application					
	Receive application from an existing applicant					
	Add new application					
	Receive returned application					
	Update existing applicant					
	Update existing application					
	Receive application change request					
	Update existing applicant					
	Update existing application					
	Return applicant application					
	Update existing application					
	Complete application					
	Update existing application					
	Begin provider enrollment					
	Request applicant letter					
	Provider	**Group/Biller**	**Individual**	**Renderer**	**Hospital**	**School**
	Receive application from a Provider					
	Add new program participation					
	Add new application					
	Add specialty (optional)					

Add hospital (optional)					
Add SCC (optional)					
Add business office (new or associated)					
Add pay-to office (new or associated)					
Receive returned Provider application					
Update existing Provider					
Update existing application					
Receive Provider application change request					
Update existing Provider					
Update existing application					
Return Provider application					
Update existing Provider					
Update existing application					
Deny Provider application					
Update existing Provider					
Update existing application					
Receive "Change" application					
Deactivate existing business office					
Update existing business office					
Associate new business office					
Deactivate existing pay-to office					
Update existing pay-to office					
Associate new pay-to office					
Deactivate provider					
Update provider					
Add specialty					
Add hospital					
Add SCC (association)					
Remove specialty					

		Group/Biller	Individual	Renderer	Hospital	School
	Remove hospital					
	Remove SCC (association)					
	Remove program participation					
	Request Provider Letter					
New Applicant	Submit new application	Group/Biller	Individual	Renderer	Hospital	School
	Submit application change request					
	Withdraw application					
Existing Provider	Submit new application	Group/Biller	Individual	Renderer	Hospital	School
	Add new business office					
	Add new pay-to office					
	Add new renderer					
	Add new program participation					
	Submit "Change" Application					
	Deactivate existing business office					
	Update existing business office					
	Associate new business office					
	Deactivate existing pay-to office					
	Update existing pay-to office					
	Associate new pay-to office					
	Deactivate provider					
	Update provider					
	Add specialty					
	Add hospital					
	Add SCC (association)					
	Remove specialty					
	Remove hospital					
	Remove SCC (association)					
	Remove program participation					
	Withdraw Application					

Provider Services Unit	Receive application from a new facility					
	Add new facility					
	Add new facility application					
	Receive application from an existing facility					
	Add new facility application					
	Return facility application					
	Update facility					
	Update facility application					
	Receive returned facility application					
	Update facility					
	Update facility application					
	Deny facility application					
	Update facility					
	Update facility application					
	Approve facility application					
	Update facility					
	Update facility application					
	Request facility letter					
	Add new letter request					
	Request new SCC team member					
	Add SCC team member					
	Request new contact person					
	Add contact person					
	Request site review					

Schedule site review					
Request site visit					
Schedule site visit					
Request compliance action					
Create compliance action					
Complete site review					
Create site review report					
Receive change request					
Update facility					
Update facility application					
Update compliance action					
Update team member					
Update contact					
Update site review					
Update site review report					
Update site visit					
Update comment					

7 APPENDIX B – DELTA DENTAL PROVIDER MASTER FILE UPDATE TRANSACTIONS

Dental Billing Provider Transaction Record

Delta Field	Value	Type/ Length	Field Req?	Start
Update Code	A, C	1 AN	R	1
Billing Provider ID		6 AN	R	2
Filler	Spaces	8 AN	O	8
Update Record Type	1	1 N	R	16
Operator ID		8 AN	R	17
Update Date	CCYYMMDD	8 N	R	25
Update Time	HHMMSS	6 N	R	33
Provider DBA Name		40 A	R	39
Provider Tax ID		9 N	R	79
Business Address1		24 AN	R	88
Business Address2		24 AN	O	112
Business City		17 AN	R	136
Business State		2 AN	R	153
Business Zip		5 AN	R	155
Business zip +4		4 AN	O	160
Business Telephone		10 N	R	164
Business Code		1 AN	R	174
Practice Code		1 AN	R	175
Application Date		8 N	O	176
Password		4 AN	C	184
Filler	Spaces	33 AN	O	188

Dental Service Location Transaction Record

Delta Field	Value	Type/ Length	Field Req?	Start
Update Code	A, C	1 AN	R	1
Billing Provider ID		6 AN	R	2
Service Office Number		2 AN	R	8
Filler	Spaces	6 AN	O	10
Update Record Type	2	1 N	R	16
Operator ID		8 AN		17
Update Date	CCYYMMDD	8 N	R	25
Update Time	HHMMSS	6	R	33
Service Address1		24 AN	R	39
Service Address2		24 AN	O	63
Service City		17 AN	R	87
Service State		2 AN	R	104
Service Zip		5 AN	R	106
Service +4		4 AN	O	111
Service Telephone		10 N	R	115
Prov Out of State Code		1 AN	R	125
Dental Society Code		2 N	O	126
Pay-to Office Number		2 N	R	128
Pay-to Address1		24 AN	R	130
Pay-to Address2		24 AN	O	154
Pay-to City		17 AN	R	178
Pay-to State		2 AN	R	195
Pay-to Zip		5 AN	R	197
Pay-to +4		4 AN	O	202
Service Ofc Stop Mail Date		8 N	O	206
Filler	Spaces	7 AN	O	214

Dental Rendering Provider Transaction Record

Delta Field	Value	Type/ Length	Field Req?	Start
Update Code	A, C	1 AN	R	1
Billing Provider ID		6 AN	R	2
Service Office Number		2 AN	R	8
Rendering Provider ID		6 AN	R	10
Update Record Type	3	1 Num	R	16
Operator ID		8 AN	R	17
Update Date	CCYYMMDD	8 Num	R	25
Update Time	HHMMSS	6 Num	R	33
Provider Last Name		15 An	R	39
Provider First Name		12 AN	R	54
Provider Middle Initial		1 AN	R	66
License Expiration Date		8 Num	O	67
Social Security Number		9 Num	R	75
Narcotic License Number		9 AN	O	84
Anes Permit Number		9 AN	O	93
Provider Specialty Code1		2 AN	R	102
Provider Specialty Code2		2 AN	O	104
Provider Specialty Code3		2 AN	O	106
Provider Specialty Code4		2 AN	O	108
Provider Specialty Code5		2 AN	O	110
Filler	Spaces	109 AN	O	112

Dental Service Location Association Transaction Record

Delta Field	Value	Type/ Length	Field Req?	Start
Update Code	A, C	1 AN	R	1
Billing Provider ID		6 AN	R	2
Service Office Number		2 AN	R	8
Rendering Provider ID		6 AN	R	10
Update Record Type	4	1 N	R	16
Operator ID		8 AN	R	17
Update Date	CCYYMMDD	8 N	R	25
Update Time	HHMMSS	6 N	R	33
Prov Office Effective		8 N	R	39
Prov Office End Date		8 N	C	47
Filler	Spaces	166 AN	O	55

Dental Billing Provider CCS/GHPP Participation Transaction Record

Delta Field	Value	Type/ Length	Field Req?	Start
Update Code	A, C	1 AN	R	1
Billing Provider ID		6 AN	R	2
Filler	Spaces	8 AN	O	8
Rendering Provider ID				--
Update Record Type	5	1 N	R	16
Operator ID		8 AN	R	17
Update Date	CCYYMMDD	8 N	R	25
Update Time	HHMMSS	6 N	R	33
CCS Status		1 AN	R	39
CCS Status Reason		1 AN	R	40
CCS Status Eff Date		8 N	R	41
GHPP Status		1 AN	R	49
GHPP Status Reason		1 AN	R	50
GHPP Status Eff Date		8 N	R	51
Filler	Spaces	162 AN	O	59

Dental Rendering Provider CCS/GHPP Participation Transaction Record

Delta Field	Value	Type/ Length	Field Req?	Start
Update Code	A, C	1 AN	R	1
Billing Provider ID				--
Filler	Spaces	8 AN	O	2
Rendering Provider ID		6 AN	R	10
Update Record Type	5	1 N	R	16
Operator ID		8 AN	R	17
Update Date	CCYYMMDD	8 Numeric	R	25
Update Time	HHMMSS	6 N	R	33
CCS Status		1 AN	R	39
CCS Status Reason		1 AN	R	40
CCS Status Eff Date		8 N	R	41
GHPP Status		1 AN	R	49
GHPP Status Reason		1 AN	R	50
GHPP Status Eff Date		8 N	R	51
Filler	Spaces	162 AN	O	59

Dental Special Care Center Transaction Record

Delta Field	Value	Type/ Length	Field Req?	Start
Update Code	A, C	1 AN	R	
Filler	Spaces	14 AN	O	
Update Record Type	6	1 N	R	
Operator ID		8 N		
Update Date	CCYYMMDD	8 N	R	
Update Time	HHMMSS	6 N	R	
Special Care Center ID		6 N	R	
Special Care Name		40 AN	R	
Care Center Eff Date		8 N	R	
Care Center End Date		8 N	R	
Filler	Spaces	118 AN	O	

Dental Special Care Center Association Transaction Record

Delta Field	Value	Type/ Length	Field Req?	Start
Update Code	A, C	1 AN	R	1
Filler	Spaces	8 AN	O	2
Rendering Provider ID		6 AN	R	10
Update Record Type	7	1 N	R	16
Operator ID		8 N	R	17
Update Date	CCYYMMDD	8 N	R	25
Update Time	HHMMSS	6 N	R	33
Special Care Center ID		7 N	R	39
Prov Center Effective Date		8 N	R	46
Prov Center End Date		8 N	R	54
Filler	Spaces	159 AN	O	62

8 APPENDIX C – EDS PROVIDER MASTER TRANSACTION RECORD LAYOUT

This COBOL layout does not represent the actual data format in the Medi-Cal Provider Master Transaction File. This version represents the ASCII format to be used by CMS/GHPP Net for add/update transactions.

```
*******************************************************************
     *   PFTRAYFD INCLUDE MEMBER FOR MEDICAL SUBSYSTEM
*
     *     LENGTH IS 25221
*

*******************************************************************

     01  PROVIDER-TRANSACTION-RECORD.

         05  PT-TRNS-KEY.

             10  PT-PROV-NO-201.

                 15  PT-PROV-NO-PRE-1236    PIC X(03).

                     88  PT-HOSPICE-PREFIX     VALUE 'HOS' 'HPC'.

                     88  PT-CONTRACT-PRE    VALUE 'HSC' 'HSW' 'HSX'
                                                    'MIC'.

                     88  PT-TYPE-LA-WAIVER     VALUE 'HSW' 'ZZW'.

                     88  PT-OMIT-RECIP-CHK     VALUE 'ZZX'.

                     88  PT-BIRTH-CENTER       VALUE 'ABC'.

                     88  PT-MSSP               VALUE 'MSS'.

                     88  PT-CMS-PROVIDER       VALUE 'CMS'.

                 15  FILLER                 PIC X(06).

             10  PT-TRNS-TYP-1203           PIC 9(01).

                 88  PT-TRNS-TYP-DELETE        VALUE 1.

                 88  PT-TRNS-TYP-ADD           VALUE 2.

                 88  PT-TRNS-TYP-MASS-CHG      VALUE 3.

                 88  PT-TRNS-TYP-CHANGE        VALUE 4.

                 88  PT-TRNS-TYP-SM-BUS        VALUE 5.
```

```
        88  PT-TRNS-TYP-PIN            VALUE 6.

    10  PT-TRNS-TYP-1204  REDEFINES

        PT-TRNS-TYP-1203           PIC 9(01).

05  PT-OP-ID-1201                 PIC X(03).

05  PT-DT-TIME-ENTERED-1205.

    10  PT-DT-ENTERED             PIC 9(08).

    10  PT-TIME-ENTERED           PIC X(04).

05  PT-LAST-ACT-DT-1206           PIC X(08).

05  PT-CANCEL-IND-1212            PIC X(01).

    88  PT-TRANS-CANCELLED         VALUE 'C'.

    88  PT-TRANS-IN-UPDATE         VALUE 'U'.

05  PT-ERROR-INDICATORS.

    10  PT-ERR-IND-1211        OCCURS 22 TIMES

                               PIC 9(03).

05  PT-ERR-DISPLACEMENT-DATA.

    10  PT-ERR-DISPLACEMENT-1216  OCCURS 22 TIMES.

        15  PT-ERR-OCCUR-3     PIC 9(02).

        15  PT-ERR-OCCUR-2     PIC 9(02).

        15  PT-ERR-OCCUR-1     PIC 9(03).

*

*  E N D   O F   H E A D E R

*

05  PT-MAIN-REC-TYP               PIC X(01).

    88  PT-TYPE-HOSP               VALUE 'C'.

    88  PT-REC-A                   VALUE 'A'.

05  PT-TRAILER-INDS.

    10  PT-MED-XREF-IND-1223   PIC X(01).

        88  PT-MED-IND-VALID       VALUE '0' '1'.

        88  PT-MED-IND-ON          VALUE '1'.
```

```
        10   PT-GRP-IND-260              PIC X(01).

             88   PT-GRP-IND-VALID          VALUES '0' '1'.

             88   PT-GRP-IND-ON             VALUE  '1'.

        10   PT-CONT-PROC-IND-1280       PIC X(01).

             88   PT-VALID-CONT-IND     VALUE '0' '1' '2' '3'.

             88   PT-NO-CONT-PROC       VALUE '0'.

             88   PT-CONTRACTED         VALUE '1' '2' '3'.

        10   PT-CCS-GHPP-IND-0025        PIC X(01).

             88   PT-CCS-GHPP-IND           VALUE '1'.

     05   PT-LEGAL-NAME-202              PIC X(24).

     05   PT-PROV-ADDR-203.

        10   PT-ADDR-ATTEN-LN            PIC X(24).

        10   PT-ADDR-LN1                 PIC X(24).

        10   PT-ADDR-LN2                 PIC X(24).

        10   PT-ADDR-CITY                PIC X(17).

        10   PT-ADDR-STATE               PIC X(02).

        10   PT-ADDR-ZIP                 PIC X(09).

     05   PT-PAY-TO-ADDR-204.

        10   PT-PAY-TO-ATTEN-LN          PIC X(24).

        10   PT-PAY-TO-LN1               PIC X(24).

        10   PT-PAY-TO-LN2               PIC X(24).

        10   PT-PAY-TO-CITY              PIC X(17).

        10   PT-PAY-TO-STATE             PIC X(02).

        10   PT-PAY-TO-ZIP               PIC X(09).

     05   PT-PROV-TYP-3-205              PIC X(03).

  *   NOTE: PT-TYPE-LA-WAIVER APPLIES UNDER D. E. 201

  *    D. E. 201 HAS PRECEDENCE OVER D. E. 205 IN DETERMINING

  *    RECORD TYPE.

        88   PT-TYPE-LTC-3          VALUES '017', '063',
```

```
                                        '064', '065'.

    88  PT-TYPE-LAB-3         VALUES '009', '080'.

    88  PT-TYPE-FOL-3         VALUES '011', '080'.

    88  PT-CONTRACTED-TYPE-3  VALUES '009', '015', '016',

                                     '022', '026', '060',

                                     '061', '080', '081'.

    88  PT-CONTRACT-HOSP-TYPE-3 VALUES '016', '060',

                                      '080', '081'.

    88  PT-TYPE-INPATIENT-3   VALUES '016', '035', '039',

                                     '060', '072', '080',

                                     '081', '091'.

    88  PT-TYPE-PHYSICIAN-3   VALUES '022', '026', '080'.

    88  PT-TYPE-MED-SUPV-3    VALUES '002' THRU '008',

                                     '011', '013', '018',

                                     '019', '021', '080',

                                     '025' THRU '031',

                                     '033', '034', '037',

                                     '038', '056', '057',

                                     '062', '098'.

    88  PT-NO-MAND-COS-TYPE-3 VALUES '009', '017', '050',

                                     '063', '064'.

    88  PT-VALID-GROUP-TYPE-3 VALUES '003', '005', '006',

                                     '010', '012', '013',

                                     '018' THRU '023',

                                     '025', '027', '029',

                                     '031', '032', '037',

                                     '057', '062'.

    88  PT-VALID-NMP-TYPE-3   VALUES '015', '022', '026',

                                     '034',
```

```
                                        '040' THRU '048',

                                        '052', '058', '061'.

     88   PT-VALID-CCS-GHPP-3   VALUE '080', '081'.

     88   PT-VALID-AIDS-3       VALUE '073'.

     88   PT-TYPE-BIRTHING-CENTERS-3  VALUE '049'.

     88   PT-TYPE-MSSP-3            VALUE '074'.

  05  PT-PROV-TYP-205-NUM REDEFINES PT-PROV-TYP-3-205

                              PIC 9(03).



  05  PT-CATSERV-DATA              OCCURS 11 TIMES.

     10  PT-CATSERV-CD-3-206       PIC 9(03).

        88  PT-COS-INPATIENT-3    VALUES 002, 004, 006,

                                     008, 084,

                                     087, 098, 099.

        88  PT-COS-OUTPATIENT-3   VALUES 009 THRU 022,

                                     024, 052,

                                     072, 075, 076,

                                     078 THRU 083, 085,

                                     088 THRU 097, 099.

        88  PT-COS-LTC-3          VALUES 005,

                                     026 THRU 029, 099.

        88  PT-COS-PHARMACY-3     VALUES 060, 099.

        88  PT-COS-BIRTH-CENTER-3 VALUE  078.

     10  PT-CATSERV-BEGIN-DT-207      PIC X(08).

     10  PT-CATSERV-END-DT-208        PIC X(08).

  05  PT-TYP-OF-PRAC-ORG-210.

     10  FILLER                       PIC X(01).

        88  PT-TYP-PRAC-CHAR1-VALID VALUES '0' THRU '5'.

     10  FILLER                       PIC X(01).
```

```
        88  PT-TYP-PRAC-CHAR2-VALID VALUES '0' THRU '7'.

05  PT-PROV-CNTY-CD-211              PIC X(02).

    88  PT-CNTY-CD-VALID-CA         VALUES '01' THRU '58'.

05  PT-EMP-ID-NO-212                PIC X(09).

05  PT-SSN-213                      PIC X(09).

05  PT-SSN-213-NUMERIC REDEFINES

    PT-SSN-213                      PIC 9(09).

05  PT-MEDICARE-NO-214              PIC X(12).

05  PT-FISC-YR-END-MO-216           PIC X(02).

    88  PT-FISC-YR-END-MO-VALID     VALUES '01' THRU '12'.

05  PT-PROV-LIC-NO-217              PIC X(09).

05  PT-PROV-LIC-BOARD-CD-218        PIC X(02).

05  PT-PROV-LIC-DT-219              PIC X(08).

05  PT-APP-DT-228                   PIC X(08).

05  PT-REJECT-REASON-CD-229         PIC X(02).

    88  PT-REJECT-REASON-VALID      VALUES '00' THRU '04'.

05  PT-OUT-OF-STATE-IND-230         PIC X(01).

    88  PT-OUT-OF-STATE-IND-VALID   VALUES '0' THRU '4'.

    88  PT-PROV-IN-STATE            VALUES '0'.

05  PT-SHORT-DOYLE-IND-1281         PIC X(01).

    88  PT-SHORT-DOYLE-VALID        VALUES '0', '1'.

05  PT-PSRO-REGION-CD-236           PIC X(02).

05  PT-ENROL-STAT-DATA.

    10  PT-ENROL-STAT-CD-238        PIC X(01).

        88  PT-ENROL-STAT-CD-VALID  VALUES '1' THRU '8'.

        88  PT-ENROL-STAT-8         VALUE '8'.

    10  PT-STAT-EFF-DT-239          PIC X(08).

    10  PT-STAT-END-DT-1209         PIC X(08).

05  PT-PROV-TELE-NO-246             PIC X(10).
```

```
05   PT-TEACH-FAC-IND-247              PIC X(01).

     88  PT-TEACH-FAC-IND-VALID        VALUES '0', '1'.

05   PT-VPP-IND-248                    PIC X(01).

     88  PT-VPP-IND-VALID              VALUES '0' '1'.

05   PT-EFT-IND-249                    PIC X(01).

     88  PT-EFT-IND-VALID              VALUES 'Y' 'N'.

05   PT-TYP-OF-REV-SYS-252             PIC X(01).

     88  PT-TYP-OF-REV-SYS-VALID       VALUES '0' THRU '5'.

05   PT-NAME-OF-FAC-ADMIN-253          PIC X(24).

05   PT-PGM-ELIG-IND-263               OCCURS 10 TIMES

                                       PIC X(01).

05   PT-PROV-BUSINESS-NAME-266         PIC X(24).

05   PT-AKA-PROV-NO-270                OCCURS 4 TIMES

                                       PIC X(09).

05   PT-PRE-OWNER-NO-271               OCCURS 4 TIMES

                                       PIC X(09).

05   PT-CHDP-PROV-NO-272               PIC X(11).

05   PT-NARC-LIC-NO-1227               PIC X(09).

05   PT-PHYS-PRESC-DG-IND-1228         PIC X(01).

05   PT-HOLD-WARRANT-IND-1229          PIC X(01).

     88  PT-HOLD-WARRANT-IND-VALID     VALUES '0' THRU '6'.

05   PT-EXCEPTION-IND-225              PIC X(01).

     88  PT-EXCEP-IND-VALID            VALUES '0' THRU '3'.

     88  PT-EXCEPTION-ON               VALUES '1' THRU '3'.

     88  PT-REVIEW-RANGES              VALUE  '2'.

05   PT-LAB-TYPE-1276                  PIC X(01).

     88  PT-LAB-TYPE-VALID             VALUES '0' THRU '3'.

05   PT-LAB-S-EFF-DT-1290              PIC X(08).

05   PT-LAB-S-EFF-DT-1290-NUM
```

```
         REDEFINES PT-LAB-S-EFF-DT-1290    PIC 9(08).

05  PT-NMP-IND-1211                   PIC X(01).

    88  PT-NMP-IND-ON            VALUE '1'.

05  PT-PROV-TYP-CHG-IND               PIC X(01).

    88  PT-PROV-TYP-CHG          VALUE 'Y'.

05  PT-STATUS-CHG-IND                 PIC X(01).

    88  PT-STATUS-CHG            VALUE 'Y'.

05  PT-CHANGE-IND                     PIC X(01).

    88  PT-CHG                  VALUE 'Y'.

05  PT-SMALL-BUSINESS-IND-1207        PIC X(01).

    88  VALID-SMALL-BUSINESS-IND    VALUES 'Y' 'N' ' '.

05  PT-SMALL-BUS-EFF-DATE-1231        PIC 9(08).

05  PT-PRINT-GRP-LIST-IND-7702        PIC X(01).

05  FILLER                            PIC X(493).

05  PT-PHYSICIAN-SPECIALTIES.

    10  PT-PROV-SPECIAL-DATA      OCCURS 3 TIMES.

        20  PT-SPE-CD-220             PIC X(02).

        20  PT-SPE-CERT-NO-221        PIC X(09).

        20  PT-SPE-CERT-BD-TYP-CD-262

                                      PIC X(01).

        20  PT-SPE-CERT-BD-CD-222

                                      PIC X(02).

        20  PT-SPE-CERT-DT-223        PIC X(08).

    10  FILLER                        PIC X(06).

05  FILLER REDEFINES PT-PHYSICIAN-SPECIALTIES.

    10  PT-CON-AREA-DATA.

        15  PT-CON-AREA-IND-261       PIC X(01).

            88  PT-VALID-AREA-IND     VALUE 'C' 'N'.

            88  PT-CON-AREA-CLOSED    VALUE 'C'.
```

```
        15  PT-CON-AREA-EFF-DT-256      PIC 9(08).

        15  PT-CON-AREA-END-DT-259      PIC 9(08).

    10  REIM-RATE-DATE-TABLE    OCCURS 5 TIMES.

        15  PT-REIM-RT-254    PIC 9(3).

            88 PT-VALID-REIM-RATE VALUES 001 THRU 100.

        15  PT-REIM-EFF-DT-255  PIC 9(8).



05  PT-VARIABLE-SEGMENT.

    10  PT-NEW-REC-IND                PIC X(01).

        88  PT-NEW-REC              VALUE 'N'.

    10  PT-VARIABLE-DATA.

        15  FILLER                    PIC X(7742).



    10  PT-NONPHYS-MED-PRACTITIONERS   REDEFINES

            PT-VARIABLE-DATA.

        15  PT-NMP-GRP              OCCURS 120 TIMES.

            20  PT-NMP-LICENSE-1294    PIC X(09).

            20  PT-NMP-TYPE-1295      PIC X(01).

            20  PT-NMP-EFF-DT-1296    PIC X(08).

            20  PT-NMP-EFF-DT-1296-NUM

                 REDEFINES PT-NMP-EFF-DT-1296

                                    PIC 9(08).

            20  PT-NMP-END-DT-1297    PIC X(08).

            20  PT-NMP-END-DT-1297-NUM

                 REDEFINES PT-NMP-END-DT-1297

                                    PIC 9(08).

        15  PT-NMP-PAGE             PIC X(01).

        15  FILLER                 PIC X(4621).
```

```
    10  PT-LTC-DATA   REDEFINES   PT-VARIABLE-DATA.

        15  PT-LTC-ACCOM-DATA              OCCURS 20 TIMES.

            20  PT-LTC-ACCOM-CD-1243         PIC X(02).

            20  PT-LTC-ACCOM-BEGIN-DT-1245   PIC X(08).

            20  PT-LTC-ACCOM-END-DT-1246     PIC X(08).

        15  PT-LTC-FACIL-DATA.

            20  PT-LTC-FACIL-CD-1244       PIC X(02).

                88 PT-LTC-FACIL-CD-VALID

                             VALUE  '00' THRU '99'.

            20  PT-LTC-FACIL-EFF-DT-1247    PIC X(08).

        15  PT-LTC-NO-BEDS-232             PIC X(05).

        15  PT-LTC-HOME-OWN-250  OCCURS 9 TIMES

                INDEXED BY PT-NURSE-HOME-OWN-INDEX

                                     PIC X(24).

        15  PT-LTC-FACIL-TYPE-2205         PIC X(01).

            88  PT-VALID-FACIL-TYPE   VALUE ' ' 'M'.

            88  PT-LTC-IMD-FACILITY   VALUE 'M'.

        15  FILLER                        PIC X(7150).


    10  PT-HOSP-DATA   REDEFINES   PT-VARIABLE-DATA.

        15  PT-HOSP-NO-BEDS-232            PIC X(05).

        15  PT-HOSP-NO-BEDS-232-NUM

            REDEFINES PT-HOSP-NO-BEDS-232

                                     PIC 9(05).

        15  FILLER            PIC X(14).

        15  PT-HOS-RT-DATA.

            20  PT-HOS-RT                 OCCURS 270 TIMES.

              25  PT-HOS-ACCOM-CD-240       PIC X(04).

                  88  PT-HOSPICE-CODE   VALUE '0135' '0155'
```

```
                                             '0651' '0652'

                                             '0655' '0656'

                                             '0657' '7100'

                                             '7102' '7104'

                                             '7106' '7108'

                                             '7110' '7112'.

          88  PT-BIRTH-CENT-CODES

                          VALUE '0960' THRU '0974'

                              '1000' THRU '1028'.

          88  PT-HOS-ACCOM-CD-098 VALUE '0098'.

          88  PT-HOS-ACCOM-CD-OLD

                          VALUE '3000' THRU '3999'.

     25  FILLER   REDEFINES   PT-HOS-ACCOM-CD-240.

       30  FILLER                 PIC X(02).

       30  PT-LA-HOS-DEPT-CD-1234   PIC X(02).

          88  PT-RHC-VISIT-CD-VALID

               VALUE '01' THRU '99'.

     25  PT-HOS-SUBAC-CD-1284      PIC X(01).

       88  PT-HOS-SUBAC-CD-VALID

          VALUES '0' THRU '2' '5' THRU '7' 'Z'.

       88  PT-CONTRACT-SUBAC-VALID VALUE '0'.

     25  PT-RATE-PERIOD.

       30  PT-RATE-EFF-DT-1233      PIC X(08).

       30  PT-RATE-EFF-DT-1233-NUM

          REDEFINES PT-RATE-EFF-DT-1233

                              PIC 9(08).

       30  PT-RATE-PREV-DT         PIC X(08).

       30  PT-HOS-ACCOM-MAX-CHG-1235 PIC X(06).

       30  PT-HOS-ACCOM-MAX-CHG-1235-NUM
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                            REDEFINES PT-HOS-ACCOM-MAX-CHG-1235

                                          PIC 9(06).

            30  PT-LA-DEPT-CHG-1230   REDEFINES

                PT-HOS-ACCOM-MAX-CHG-1235 PIC X(06).

      15 PT-NON-CON-DATA.

        20  PT-NON-CON-ACCOM-DATA    OCCURS 8 TIMES.

          25  PT-NON-CON-ACCOM-CD-267  PIC 9(04).

          25  PT-ACCOM-CD-DATES    OCCURS 3 TIMES.

            30  PT-ACCOM-CD-BEG-DT-273  PIC 9(08).

            30  PT-ACCOM-CD-END-DT-297  PIC 9(08).

        20  PT-STAT8-DATES.

          25  PT-STAT8-BEG-DT       PIC 9(08).

          25  PT-STAT8-END-DT       PIC 9(08).

      15  PT-HOS-RATE-ACTN-1282         PIC X(01).

          88  PT-HOS-RATE-ACTN-VALID    VALUES '0', '1'.


    10  PT-LABS   REDEFINES   PT-VARIABLE-DATA.

      15  PT-LAB-DATA OCCURS 240.

          20  PT-LAB-SPEC-1277           PIC X(03).

          20  PT-LB-S-DT-1278            PIC X(08).

          20  PT-LB-S-DT-1278-NUM

              REDEFINES PT-LB-S-DT-1278  PIC 9(08).

          20  PT-LB-E-DT-1279            PIC X(08).

          20  PT-LB-E-DT-1279-NUM

              REDEFINES PT-LB-E-DT-1279  PIC 9(08).

      15  FILLER                        PIC X(3182).


  05  PT-MEDICARE-DATA                  OCCURS 250 TIMES.

    10  PT-MEDICARE-XREF-NO-214         PIC X(12).
```

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05  PT-RVS-DATE-RANGE-1220.

    15  PT-RVS-DATE-TYPE-1220              PIC X(01).

        88  PT-RVS-DATE-TYPE-VALID     VALUE 'C' 'D'.

        88  PT-RVS-DATE-TYPE-DOS       VALUE 'D'.

        88  PT-RVS-DATE-TYPE-CCN       VALUE 'C'.

    15  PT-RVS-DATES-DOS.

        20  PT-RVS-DATE-D-ST-1220          PIC X(08).

        20  PT-RVS-DATE-D-END-1220         PIC X(08).

    15  PT-RVS-DATES-CCN  REDEFINES  PT-RVS-DATES-DOS.

        20  PT-RVS-DATE-C-ST-CCYYDDD.

            25  PT-RVS-DATE-C-ST-CCY       PIC X(03).

            25  PT-RVS-DATE-C-ST-1220.

                30  FILLER                 PIC X(01).

                30  PT-RVS-C-ST-DAY        PIC X(03).

        20  PT-RVS-DATE-C-S-FILLER         PIC X(01).


        20  PT-RVS-DATE-C-END-CCYYDDD.

            25  PT-RVS-DATE-C-END-CCY      PIC X(03).

            25  PT-RVS-DATE-C-END-1220.

                30  FILLER                 PIC X(01).

                30  PT-RVS-C-END-DAY       PIC X(03).

        20  PT-RVS-DATE-C-E-FILLER         PIC X(01).


05  PT-RVS-DATA                        OCCURS 60 TIMES.

    10  PT-RVS-DATA-CSN-CPT.

        15  PT-START-RVS-NO-1217     PIC X(05).

        15  PT-START-RVS-MOD-1217    PIC X(02).

        15  PT-END-RVS-NO-1218       PIC X(05).
```

```
        15  PT-END-RVS-MOD-1218          PIC X(02).

    10  PT-RVS-DATA-NDC      REDEFINES

                             PT-RVS-DATA-CSN-CPT.

        15  PT-RVS-NDC       PIC X(11).

        15  FILLER           PIC X(03).

    10  PT-PROCEDURE-IND-1214             PIC X(01).



05  PT-GROUP.

    10  PT-GRP-DATA                      OCCURS 432 TIMES.

        15  PT-GRP-MEMBER-CD-1239         PIC X(01).

            88  PT-GRP-VALID-CD       VALUES '0' THRU '2'.

            88  PT-GRP-NULL          VALUES '_',  LOW-VALUES.

        15  PT-PROV-NOS-IN-GRP-209        PIC X(09).



05  PT-CONTRACTED-DATA.

    10  PT-CONT-PROC-DATA       OCCURS 225 TIMES.

        15  PT-CONT-LO-PROC-1286        PIC X(05).

        15  PT-CONT-LO-PROC-1286-NUM

             REDEFINES PT-CONT-LO-PROC-1286

                                  PIC 9(05).

        15  PT-CONT-LO-PROC-MOD-2201    PIC X(02).

        15  PT-CONT-HI-PROC-1287        PIC X(05).

        15  PT-CONT-HI-PROC-MOD-2202    PIC X(02).

        15  PT-CONT-PROC-EFF-DT-1288    PIC X(08).

        15  PT-CONT-PROC-EFF-DT-1288-NUM

              REDEFINES PT-CONT-PROC-EFF-DT-1288

                                  PIC 9(08).

        15  PT-CONT-PROC-END-DT-1289    PIC X(08).

        15  PT-CONT-PROC-END-DT-1289-NUM
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                    REDEFINES PT-CONT-PROC-END-DT-1289

                                    PIC 9(08).



        05 PT-CCS-GHPP-DATA.



          10  PT-DATA-V.

            15  PT-CCS-PROVIDER OCCURS 05 TIMES.

                20 PT-CCS-PROVIDER-0026        PIC X(01).

                20 PT-CCS-PROV-BEGIN-DT-0028   PIC 9(08).

                20 PT-CCS-PROV-END-DT-0029     PIC 9(08).

            15  PT-GHPP-PROVIDER OCCURS 05 TIMES.

                20 PT-GHPP-PROVIDER-0027       PIC X(01).

                20 PT-GHPP-PROV-BEGIN-DT-0030  PIC 9(08).

                20 PT-GHPP-PROV-END-DT-0039    PIC 9(08).

            15  PT-CCS-CATSERV-DATA      OCCURS 11 TIMES.

                20  PT-CCS-CATSERV-CD-0031     PIC X(03).

                20  PT-CCS-CATSERV-BEGIN-DT-0032 PIC 9(08).

                20  PT-CCS-CATSERV-END-DT-0033  PIC 9(08).

            15  FILLER                         PIC X(25).

            15  PT-CCS-CENTER-CNT              PIC 9(04).

            15  PT-CCS-SPECIAL-CARE-CENTERS OCCURS 7 TIMES.
                20  PT-CCS-CENTER-ID-0034      PIC X(07).

                20  PT-CCS-CENTER-NAME-0035    PIC X(50).

                20  PT-CCS-CENTER-BEGIN-DT-0036 PIC 9(08).

                20  PT-CCS-CENTER-END-DT-0037  PIC 9(08).



        05  PT-CLIA-NUMBER.

            88  PT-PROV-NOT-ENROLLED-IN-CLIA   VALUE SPACES,

                                    LOW-

VALUES.
```

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         10    PT-CLIA-FIRST-2-BYTES        PIC X(02).

         10    PT-CLIA-3RD-BYTE             PIC X(01).

               88 PT-CLIA-VALID-3RD-BYTE  VALUE 'A' THRU 'Z'.

         10    PT-CLIA-LAST-7-BYTES         PIC X(07).



     05  PT-CLIA-TYPE-CERTIFICATION         PIC 9(01).

         88  PT-CLIA-REGISTRATION             VALUE 1.

         88  PT-CLIA-REG-CERTIFICATE          VALUE 2.

         88  PT-CLIA-ACCREDITATION            VALUE 3.

         88  PT-CLIA-WAIVER                   VALUE 4.

         88  PT-CLIA-POTENTIAL-CODE           VALUE 5.

     05  PT-UPIN-0235                       PIC X(06).

     05  PT-1099-TIN-UPDATE.

         10  PT-TIN-UPDATE-TYPE-8865        PIC X(01).

             88 PT-TIN-UPDATE-TYPE-VALID    VALUE 'I' 'N' 'O'

                                              'S' 'W' ' '.

             88 PT-UPD-TYP-STOP-WITHHOLD    VALUE 'I' 'S' 'W'.

             88 PT-UPD-TYP-STOP-1ST-WHOLD   VALUE 'I' 'S' 'W'.

             88 PT-UPD-TYP-STOP-2ND-WHOLD   VALUE 'I' 'S'.

         10  PT-TIN-UPDATE-DATE-8868        PIC 9(08).

     05  PT-IRS-WITHHOLD-IND-8867           PIC X(01).

         88 PT-IRS-WITHHOLD-IND-VALID         VALUE 'Y' 'N'.

     05  PT-IRS-NOTICE-IND-8892             PIC X(01).

     05  PT-PREV-IRS-WITHHOLD-IND           PIC X(01).

     05  PT-PREV-TIN-UPDATE-DATE            PIC 9(07).
```

9 APPENDIX D – DATA DICTIONARY

Object	Field Name	Screen	Label	Req	Dependency	Type	Lg th	Input Mask	Default Values	Valid Values	Action	Comments
Applicant	APPLICANT ID	Applicant	APPLICANT ID	Gen		AN	7					
Applicant	PROV TYPE	Applicant	TYPE	Opt		AN	25			Physican		One Provider type may have one or more COS.
										Oral Surgeon		Provider Type shall set the COS# and COS Eff Dt, COS End Dt
										Orthodontist Podiatrist Audiologist Dietitian/Nutritionist Genetic Counselor Occupational Therapist Optometrist Orthotist Physical Therapist Psychologist Registered Nurse Social Worker Prostethist Speech Pathologist		
Applicant	COS (category of service)	Applicant	COS	Opt	PROV CLASS	AN	3		TBD			Values are dependent on provider type. Multiple COS for one provider type.
Applicant	COS EFF DT	Applicant	COS EFF DT	Opt	PROV CLASS	Date	8	99/99/9999	Current Date			
Applicant	COS END DT	Applicant	COS END DT	Opt	PROV CLASS	Date	8	99/99/9999				
Applicant	BUS NAME	Applicant	BUS NAME	Opt	PROV SUBCLASS	AN	40					
Applicant	NAME LAST	Applicant	LAST NAME	Cond	PROV SUBCLASS	AN	15				If present require gender else disable and clear gender.	
Applicant	NAME FIRST	Applicant	FIRST	Cond	PROV SUBCLASS	AN	15					
Applicant	NAME MI	Applicant	MI	Opt	PROV SUBCLASS	AN	1					
Applicant	GENDER	Applicant	GENDER	Cond	NAME LAST	AN	1			M F		
Applicant	DBA	Applicant	DBA	Opt		AN	40					
Applicant	SSN	Applicant	SSN	Opt	SUBCLASS	NUM	9	999-99-				

Object	Field Name	Screen	Label	Req	Dependency	Type	Lg th	Input Mask	Default Values	Valid Values	Action	Comments
								9999				
Applicant	TAX ID	Applicant	TAX ID	Opt		AN	9					
Applicant	LICENSE NO	Applicant	LICENSE NO	Opt		AN	5					
Applicant	LICENSE EFF DT	Applicant	EFFECTIVE DT	Opt		Date	8	99/99/9999				
Applicant	LICENSE EXP DT	Applicant	EXPIRATION DT	Opt		Date	8	99/99/9999				
Applicant	IRS TYPE	Applicant	IRS TYPE	Opt	PROV CLASS	AN	1			W - Withholding		
										S - Social Security I - IRS N - New O - Other		
Applicant	IRS DT	Applicant	IRS DT	Cond	PROV CLASS	Date	8	99/99/9999				
Applicant	STREET 1	Applicant	ST1	Req		AN	24					
Applicant	STREET 2	Applicant	ST2	Opt		AN	24					
Applicant	CITY	Applicant	CITY	Req		AN	24					
Applicant	STATE	Applicant	ST	Req		AN	2					
Applicant	ZIP	Applicant	ZIP	Req		NUM	5					
Applicant	PHONE NO	Applicant	PHONE	Opt		NUM	10	(999) 999-9999				
Applicant	FAX NO	Applicant	FAX	Opt		NUM	10	(999) 999-9999				
Applicant	EMAIL	Applicant	EMAIL	Opt		AN	40					
Applicant	HOSP LEVEL	Applicant	HOSP LEVEL	Cond	PROV SUBCLASS	AN	10			TERTIARY		
										PEDIATRIC GENERAL SPECIAL LIMITED		
Applicant	TYPE OF BUSINESS	Applicant	BUSINESS TYPE	Req		AN	20		Sole Proprietors hip	S-Sole Proprietorship		
										P-Partnership C-Corporation		
Applicant	PROV CLASS	Applicant	PROVIDER CLASS	Req		AN	7			Medical	If PROV CLASS = Medical, require COS, and COS EFF DT, else disable COS, and	

Object	Field Name	Screen	Label	Req	Dependency	Type	Lg th	Input Mask	Default Values	Valid Values	Action	Comments
												COS EFF DT
										Dental	If PROV CLASS = Medical, require IRS TYPE and IRS DT, else disable IRS TYPE and IRS DT	
Applicant	PROV SUBCLASS	Applicant	SUBCLASS	Req		AN	15			Individual	If PROV SUBCLASS = Group, Hospital, or Dental School, require BUS NAME and disable NAME LAST, NAME FIRST, and NAME MI.	
										Group	If PROV SUBCLASS = Individual or Rendering, disable BUS NAME and require NAME LAST, NAME FIRST, and NAME MI	
										Rendering	If PROV SUBCLASS = Hospital, require HOSP LEVEL else disable HOSP LEVEL.	
										Hospital Dental School		
Applicant	OTHER MEDI-CAL # 1	Applicant	OTHER MEDI-CAL/DENTI-CAL NUMBERS:	Opt		AN	9					
Applicant	OTHER MEDI-CAL # 2	Applicant	OTHER MEDI-CAL/DENTI-CAL NUMBERS:	Opt		AN	9					
Applicant	OTHER MEDI-CAL # 3	Applicant	OTHER MEDI-CAL/DENTI-CAL NUMBERS:	Opt		AN	9					
Applicant	OTHER MEDI-CAL # 4	Applicant	OTHER MEDI-CAL/DENTI-CAL NUMBERS:	Opt		AN	9					
Applicant	OTHER MEDI-CAL # 5	Applicant	OTHER MEDI-CAL/DENTI-CAL NUMBERS:	Opt		AN	9					

Object	Field Name	Screen	Label	Req	Dependency	Type	Lgth	Input Mask	Default Values	Valid Values	Action	Comments
Applicant	LAST UPDATE BY			Gen		AN	8					
Applicant	LAST UPDATE DT			Gen		Date	8	99/99/9999				
Application	APP ID	Application	APP ID	Gen		N	7					
Application	EMERGENCY EFF DT	Application	EMERGENCY EFF DT	Opt		Date	8	99/99/9999				
Application	EMERGENCY END DT	Application	EMERGENCY END DT	Cond	EMERGENCY EFF DT	Date	8	99/99/9999				Date cannot be less than Eff Date
Application	APP TYPE	Application	APP TYPE	Req		AN	15			Rendering Group Individual Hospital Dental School		
Application	APP RECVD DT	Application	RECV DT	Req		Date	8	99/99/9999	Current Dt		Do not allow future date	
Application	APP RECVD BY	Application	APP RECV BY	Req		AN	30					
Application	APP RTN DT	Application	RTN DT	Cond	APP STATUS	Date	8	99/99/9999			Date must be equal or greater than Appl Recvd Dt Return Rsn required if Appl Rtn Dt is valued RTN BY Required if Appl Rtn Dt is valued	
Application	APP RTN BY	Application	APP RTN BY	Cond	APP STATUS	AN	15					
Application	RTN REASON	Application	RTN REASON	Cond	APP STATUS	AN	20			missing prov signature data missing information illegible req doc not attached --other; requires a comment		
Application	APP STATUS	Application	STATUS	Req	EMERGENCY EFF DT	AN	25			Active		

Object	Field Name	Screen	Label	Req	Dependency	Type	Lg th	Input Mask	Default Values	Valid Values	Action	Comments
										Incomplete Pending PSU Review Paneling Review Pending Consultant Review Pending Denied Emergency Active Inactive		
Application	APP STATUS DT	Application	STATUS DT	Req	APP STATUS	Date	8	99/99/9999			Date cannot be in the future.	
Application	LAST UPDATE BY			Gen		AN	8					
Application	LAST UPDATE DT			Gen		Date	8	99/99/9999				
Association	ASSOCIATE TO GROUP ID	Association	ASSOCIATE TO GRP/BILLER ID	Req		AN	9					Provider No prefix
Association	ASSOCIATE TO SCC ID	SCC Association	ASSOCIATE TO SCC ID	Req		AN	7					
Association	GROUP BUSINESS LOC ID	Association	GROUP BUSINESS LOCATION ID	Cond	ASSOCIATE TO GROUP ID	AN	3			01' thru '999'		Provider No suffix
Association	ASSOC EFF DT	Association	ASSOCIATE EFF DT	Req		Date	8	99/99/9999				
Association	ASSOC END DT	Association	ASSOCIATE END DT	Req		Date	8	99/99/9999			Date cannot be before Eff Date; date may equal the Eff Date Field may only be valued if there is a value in Eff Date field	
Association	LAST UPDATE DT			Gen		Date	8	99/99/9999				
Association	LAST UPDATE BY			Gen		AN	8					
Hospital	HOSP ID	Hospital	APPROVED HOSP ID	Req		AN	TBD					

Object	Field Name	Screen	Label	Req	Dependency	Type	Lg th	Input Mask	Default Values	Valid Values	Action	Comments
Hospital	EFF DT	Hospital	EFF DT	Req (Display Only)		Date	8	99/99/9999				
Hospital	END DT	Hospital	END DT	Opt (Display Only)		Date	8	99/99/9999				
Hospital	ACCOM CODE	Hospital	CODE	Opt		AN	4				If present, require ACCOM CD RATE, ACCOM CD BEGIN DT	
Hospital	ACCOM CD DESC	Hospital	DESCRIPTION	Opt (Display Only)		AN	30					Occurs 0 to 270 times Occurs 0 to 270 times
Hospital	ACCOM CD SUB CODE	Hospital	SUBCODE	Opt		AN	1					Occurs 0 to 270 times
Hospital	ACCOM CD RATE	Hospital	RATE	Cond	ACCOM CODE	N	10					Occurs 0 to 270 times
Hospital	ACCOM CD EFF DT	Hospital	EFF DT	Cond	ACCOM CODE	Date	8	99/99/9999				Occurs 0 to 270 times
Hospital	ACCOM CD END DT	Hospital	END DT	Opt		Date	8	99/99/9999				Occurs 0 to 270 times. End date can not be less than the begin date
Hospital	REIMB RATE CD 1	Hospital	RATE CODE (1)	Opt		AN	3					Occurs 0 to 270 times
Hospital	REIMB EFF DT 1	Hospital	EFF DT (1)	Cond	RATE CODE 1	Date	8	99/99/9999				
Hospital	REIMB RATE CD 2	Hospital	RATE CODE (2)	Opt		AN	3					
Hospital	REIMB EFF DT 2	Hospital	EFF DT (2)	Cond	RATE CODE 2	Date	8	99/99/9999				
Hospital	REIMB RATE CD 3	Hospital	RATE CODE (3)	Opt		AN	3					
Hospital	REIMB EFF DT 3	Hospital	EFF DT (3)	Cond	RATE CODE 3	Date	8	99/99/9999				
Hospital	REIMB RATE CD 4	Hospital	RATE CODE (4)	Opt		AN	3					
Hospital	REIMB EFF DT 4	Hospital	EFF DT (4)	Cond	RATE CODE 4	Date	8	99/99/9999				
Hospital	REIMB RATE CD 5	Hospital	RATE CODE (5)	Opt		AN	3					
Hospital	REIMB EFF DT 5	Hospital	EFF DT (5)	Cond	RATE CODE 5	Date	8	99/99/9999				
Hospital	REIMB RATE CD 6	Hospital	RATE CODE (6)	Opt		AN	3					
Hospital	REIMB EFF DT 6	Hospital	EFF DT (6)	Cond	RATE CODE 6	Date	8	99/99/9999				
Hospital	REIMB RATE CD 7	Hospital	RATE CODE (7)	Opt		AN	3					
Hospital	REIMB EFF DT 7	Hospital	EFF DT (7)	Cond	RATE CODE 7	Date	8	99/99/9999				
Hospital	REIMB RATE CD 8	Hospital	RATE CODE (8)	Opt		AN	3					
Hospital	REIMB EFF DT 8	Hospital	EFF DT (8)	Cond	RATE CODE 8	Date	8	99/99/9999				
Hospital	HOSP LEVEL	Provider	HOSP LEVEL	Cond	PROV	AN	10			TERTIARY		

Object	Field Name	Screen	Label	Req	Dependency	Type	Lg th	Input Mask	Default Values	Valid Values	Action	Comments
					SUBCLASS					PEDIATRIC GENERAL SPECIAL LIMITED		
Hospital	LAST UPDATE DT			Gen		Date	8	99/99/9999				
Hospital	LAST UPDATE BY			Gen		AN	8					
Letter	LETTER RQSTD	Letter	LETTER REQUESTED	Req		AN	30			Letter return for missing information		
										Acknowledgement of receipt of application Duplicate application submitted		
Letter	LTR ID	Letter	LETTER NAME/ LTR ID	Disp	LETTER REQUESTED	AN	5					
Letter	DT REQUESTED	Letter	DT REQUESTED	Gen		Date	8	99/99/9999				
Letter	CORRESP NO	Letter	CORRESP NO	Gen		AN	10					System generated number unique to each letter requested.
Letter	BUSINESS LOCATION ID	Letter, Business Address, Pay-To Location	BUS LOCATION ID	Gen		AN	4					
Letter	LAST UPDATE DT					Date	8	99/99/9999				
Letter	LAST UPDATE BY					AN	8					
Participation	MEDI-CAL STATUS	Program Participation	STATUS	Disp		AN	10					EDS DATA
Participation	MEDI-CAL EFF DT	Program Participation	EFF DT	Disp		Date	8	99/99/9999				
Participation	MEDI-CAL END DT	Program Participation	END DT	Disp		Date	8	99/99/9999				
Participation	DENTI-CAL STATUS	Program Participation	STATUS	Disp		AN	10					DELTA DATA
Participation	DENTI-CAL EFF DT	Program Participation	EFF DT	Disp		Date	8	99/99/9999				
Participation	DENTI-CAL END DT	Program Participation	END DT	Disp		Date	8	99/99/9999				

Object	Field Name	Screen	Label	Req	Dependency	Type	Lg th	Input Mask	Default Values	Valid Values	Action	Comments
Participa tion	CCS STATUS	Program Participat ion	STATUS	Opt		AN	10			ACTIVE INACTIVE PENDING DENIED?		
Participa tion	CCS EFF DT	Program Participat ion	EFF DT	Cond	CCS STATUS	Date	8	99/99/9999				
Participa tion	CCS END DT	Program Participat ion	END DT	Cond	CCS STATUS	Date	8	99/99/9999				
Participa tion	GHPP STATUS	Program Participat ion	STATUS	Opt		AN	10			ACTIVE INACTIVE PENDING DENIED?		
Participa tion	GHPP EFF DT	Program Participat ion	EFF DT	Cond	GHPP STATUS	Date	8	99/99/9999				
Participa tion	GHPP END DT	Program Participat ion	END DT	Cond	GHPP STATUS	Date	8	99/99/9999				
Participa tion	LAST UPDATE DT			Gen		Date	8	99/99/9999				
Participa tion	LAST UPDATE BY			Gen		AN	8					
Pay To	PAY TO LOC ID	Pay To, Pay-To Location List	LOCATION ID, PAY-TO ID	Req		AN	3			01' thru '999'		
Pay To	STATUS	Pay To, Pay-To Location List	CURRENT STATUS, CURRENT STATUS	Req		AN	8			Active Inactive		
Pay To	STATUS DT	Pay To, Pay-To Location List, Business Address	DATE, STATUS DATE, ASSIGNED DT	Req		Date	8	99/99/9999				

Object	Field Name	Screen	Label	Req	Dependency	Type	Lg th	Input Mask	Default Values	Valid Values	Action	Comments
Pay To	ATTN	Associati on, Pay To, Business Address	ATTN, ATTN, ATTN	Opt		AN	24					
Pay To	ST 1	Associati on, Pay To, Pay-To Location List, Business Address	ST 1, ST1, ADDRESS, ADDRESS	Req		AN	24					
Pay To	ST 2	Associati on, Pay To, Pay-To Location List, Business Address	ST 2, ST 2, ADDRESS, ADDRESS	Opt		AN	24					
Pay To	CITY	Associati on, Pay To, Pay-To Location List, Business Address	CITY, CITY, ADDRESS, ADDRESS	Req		AN	24					
Pay To	STATE	Associati on, Pay To, Pay-To Location List, Business Address	ST, ST, ADDRESS, ADDRESS	Req		AN	2					

Object	Field Name	Screen	Label	Req	Dependency	Type	Lgth	Input Mask	Default Values	Valid Values	Action	Comments
Pay To	ZIP	Association, Pay To, Pay-To Location List, Business Address	ZIP, ZIP, ADDRESS, ADDRESS	Req		NUM	5					
Pay To	LAST UPDATE DT			Gen		Date	8	99/99/9999				
Pay To	LAST UPDATE BY			Gen		AN	8					
Provider	PROVIDER TYPE	Provider	PROV TYPE	Req		AN	25			Physican Oral Surgeon Orthodontist Podiatrist Audiologist Dietitian/Nutritionist Genetic Counselor Occupational Therapist Optometrist Orthotist Physical Therapist Psychologist Registered Nurse Social Worker Prostethist Speech Pathologist TBD		One Provider type may have one or more COS. Provider Type determines the COS# and COS Eff Dt, COS End Dt
Provider	COS (category of service)	Provider	COS	Cond	PROV CLASS PROVIDER TYPE	AN	TBD					May be multiple COS for one Provider Type Values dependent on PROVIDER TYPE
Provider	COS EFF DT	Provider	COS EFF DT	Cond	PROV CLASS	Date	8	99/99/9999	Current Date			
Provider	COS END DT	Provider	COS END DT	Cond	PROV CLASS	Date	8	99/99/9999	12/31/2069		Will default to 12/31/2069 with the option to change Do not allow future dates to exceed 12/31/2069	
Provider	BUS NAME	Provider	BUS NAME	Cond	PROV SUBCLASS	AN	40					
Provider	PROV NAME:LAST	Provider	LAST NAME	Cond	PROV SUBCLASS	AN	15				If present require gender else disable and clear gender.	
Provider	PROV NAME:FIRST	Provider	FIRST	Cond	PROV	AN	12					

Object	Field Name	Screen	Label	Req	Dependency	Type	Lgth	Input Mask	Default Values	Valid Values	Action	Comments
					SUBCLASS							
Provider	PROV NAME:MIDDLE	Provider	MI	Opt		AN	1					
Provider	PROV CLASS	Provider	CLASS	Req		AN	7			Medical Dental		If PROV CLASS = Medical, require COS, COS EFF DT, and COS END DT, else disable COS, COS EFF DT, and COS END DT If PROV CLASS = Medical, require IRS TYPE and IRS DT, else disable IRS TYPE and IRS DT
Provider	PROV SUBCLASS	Provider	SUBCLASS	Req		AN	15			Individual	If PROV SUBCLASS = Group, Hospital, or Dental School, require BUS NAME and disable NAME LAST, NAME FIRST, and NAME MI.	
										Group	If PROV SUBCLASS = Individual or Rendering, disable BUS NAME and require LAST NAME, NAME FIRST, and NAME MI	
										Rendering	If PROV SUBCLASS = Hospital, require HOSP LEVEL else disable HOSP LEVEL.	
										Hospital Dental School		
Provider	PROV NUMBER	Provider	PROV ID	Req		AN	9					
Provider	GENDER	Provider	GENDER	Cond	LAST NAME	AN	1			M F		
Provider	DBA	Provider	DBA	Opt		AN	40					
Provider	SSN	Provider	SSN	Opt		N	9	999-99-9999				
Provider	TAX ID	Provider	TAX ID	Req		N	9					
Provider	LICENSE NO	Provider	LICENSE NO	Req		AN	5					
Provider	LICENSE EFF DT	Provider	EFFECTIVE DT	Req	LICENSE NO	Date	8	99/99/9999				
Provider	LICENSE EXP DT	Provider	EXPIRATION DT	Req	LICENSE NO	Date	8	99/99/9999				
Provider	IRS TYPE	Provider	IRS TYPE	Req	PROV CLASS	AN	1			W - Withholding S - Social Security I - IRS N - New O - Other		
Provider	IRS DT	Provider	IRS DT	Req	PROV CLASS	Date	8	99/99/9999				

Object	Field Name	Screen	Label	Req	Dependency	Type	Lg th	Input Mask	Default Values	Valid Values	Action	Comments
Provider	PROV ADDR ST1	Provider	ST1	Req		AN	24					
Provider	PROV ADDR ST2	Provider	ST2	Opt		AN	24					
Provider	PROV ADDR CITY	Provider	CITY	Req		AN	24					
Provider	PROV ADDR ZIP	Provider	ZIP	Req		NUM	5					
Provider	PROVADDR ST	Provider	ST	Req		AN	2					
Provider	PROV PHONE NO	Provider	PHONE	Req		NUM	10	(999) 999-9999				
Provider	PROV FAX NO	Provider	FAX	Opt		NUM	10	(999) 999-9999				
Provider	PROV EMAIL ADDR	Provider	EMAIL	Opt		AN	40					
Provider	TYPE OF BUSINESS	Provider	BUSINESS TYPE	Req		AN	20		Sole Proprietorship	S-Sole Proprietorship P-Partnership C-Corporation		
Provider	OTH MEDI-CAL # - 1	Provider	OTHER MEDI-CAL/ DENTI-CAL NUMBERS: (1)	Opt		AN	9					
Provider	OTH MEDI-CAL # - 2	Provider	OTHER MEDI-CAL/ DENTI-CAL NUMBERS: (2)	Opt		AN	9					
Provider	OTH MEDI-CAL # - 3	Provider	OTHER MEDI-CAL/ DENTI-CAL NUMBERS: (3)	Opt		AN	9					
Provider	OTH MEDI-CAL # - 4	Provider	OTHER MEDI-CAL/ DENTI-CAL NUMBERS: (4)	Opt		AN	9					
Provider	OTH MEDI-CAL # - 5	Provider	OTHER MEDI-CAL/ DENTI-CAL NUMBERS: (5)	Opt		AN	9					
Provider	LAST UPDATE DT			Gen		Date	8	99/99/9999				
Provider	LAST UPDATE BY			Gen		AN	8					
BLOC	PAY TO ID	Business Address	ASSIGNED PAY-TO ID	Req		AN	4					
BLOC	BUSINESS LOCATION ID	Business Address, Pay-To Location, Letter	BUS LOCATION ID	Gen		AN	4					

Object	Field Name	Screen	Label	Req	Dependency	Type	Lg th	Input Mask	Default Values	Valid Values	Action	Comments
BLOC	STATUS	Business Address, Business Location List	STATUS, CURRENT STATUS	Req		AN	8			ACTIVE		
										INACTIVE		
BLOC	STATUS DT	Business Address, Business Location List, Pay-To Location	DATE, STATUS DATE, ASSIGNED DT	Req		Date	8	99/99/9999				
BLOC	ADDR ATTN	Business Address, Associati on	ATTN, ATTN	Opt			24					
BLOC	ADDR ST1	Associati on, Pay To, Business Address, Business Location List	ST 1, ADDRESS, ST 1, ADDRESS	Req		AN	24					
BLOC	ADDR ST2	Associati on, Pay To, Business Address, Business Location List	ST 2, ADDRESS, ST 2, ADDRESS	Opt		AN	24					
BLOC	ADDR CITY	Associati on, Pay To, Business Address, Business Location List	CITY, ADDRESS, CITY, ADDRESS	Req		AN	24					

Object	Field Name	Screen	Label	Req	Dependency	Type	Lg th	Input Mask	Default Values	Valid Values	Action	Comments
BLOC	ADDR STATE	Association, Pay To, Business Address, Business Location List	ST, ADDRESS, ST, ADDRESS	Req		AN	2				If field ST from Business office=CA set OO STATE CODE value=C If ST not CA & field ZIP from Business office equals value defined in Section 4.3 set STATE code=B All others set code=O	
BLOC	ADDR ZIP	Association, Pay To, Business Address, Business Location List	ZIP, ADDRESS, ZIP, ADDRESS	Req		Num	2					
BLOC	COUNTY	Association, Business Address	COUNTY, COUNTY	Req		AN	20					
BLOC	PHONE #	Association, Business Address	PHONE, PHONE	Req		Num	10	(999) 999-9999				
BLOC	EMAIL	Business Address	EMAIL	Opt		AN	40					
BLOC	FAX No	Business Address	FAX	Opt		NUM	10	(999) 999-9999				
BLOC	OO STATE IND	Business Address	OUT OF ST IND	Req	ADDR STATE	AN	1			C - California B - Border O - Out of State		if State Code not equal to C, do not allow 'Individual' class; generate an error message indicating that user is unable to select 'I' because state not CA; acceptable choices are G or S zip, phone required if State Code not F, disallowed if state

Object	Field Name	Screen	Label	Req	Dependency	Type	Lg th	Input Mask	Default Values	Valid Values	Action	Comments
										code not F		
										F - Out of Country		
BLOC	LAST UPDATE DT			Gen		Date	8	99/99/9999				
BLOC	LAST UPDATE BY			Gen		AN	8					
Specialty	SPECIALTY	Specialty /Paneling	SPECIALTY	Req		AN	25		General Practice	TBD		
Specialty	PANEL REQ	Specialty /Paneling	PANEL RQD	Req		AN	1			Y		Default value Disped will be based on specialty code selected from field: Specialty; refer to Specialty Code table #3982 for appropriate flag to set
Specialty	PANEL OVERRIDE	Specialty /Paneling	PANEL OVERRIDE	Opt		AN	1			N Y	If Y, require OVERRIDE BY	
Specialty	OVERRIDE BY	Specialty /Paneling	BY	Cond	PANEL OVERRIDE	AN	8			N		
Specialty	APPROVED DT	Specialty /Paneling	APROVED DATE	Opt		Date	8	99/99/9999				
Specialty	APPROVED AUTH	Specialty /Paneling	AUTH BY	Cond	APPROVED DT	AN	8				If present, require APPROVED AUTH	
Specialty	PROVIS DT	Specialty /Paneling	DATE	Opt		Date	8	99/99/9999				
Specialty	PROVIS AUTH	Specialty /Paneling	AUTH BY	Cond	PROVIS DT	AN	8					
Specialty	PROVIS RSN	Specialty /Paneling	REASON	Cond	PROVIS DT	AN	30			Incomplete Schooling Other		
Specialty	PROVIS START DT	Specialty /Paneling	START DT	Cond	PROVIS DT	Date	8	99/99/9999				
Specialty	PROVIS END DT	Specialty /Paneling	END DT	Cond	PROVIS DT	Date	8	99/99/9999				

Object	Field Name	Screen	Label	Req	Dependency	Type	Lgth	Input Mask	Default Values	Valid Values	Action	Comments
Specialty	PENDING DT	Specialty /Paneling	DATE	Opt		Date	8	99/99/9999				
Specialty	PENDING RSN	Specialty /Paneling	REASON	Cond	PENDING DT	AN	30			Incomplete Schooling Other		
Specialty	PENDING AUTH	Specialty /Paneling	AUTH BY	Cond	PENDING DT	AN	8					
Specialty	DENIED DT	Specialty /Paneling	DATE	Opt		Date	8	99/99/9999				If present, require DENIED AUTH, DENIED RSN
Specialty	DENIED AUTH	Specialty /Paneling	AUTH BY	Cond		AN	8					
Specialty	DENIED RSN	Specialty /Paneling	DENIED REASON	Cond		AN	30					
Specialty	FORWARD TO	Specialty /Paneling	FORWARD TO	Opt		AN	25			Incomplete Schooling PSU Application Review HCP Review	If present, require FORWARD DT	
Specialty	FORWARD DT	Specialty /Paneling	FORWARD DT	Cond	FORWARD TO	Date	8	99/99/9999				
Specialty	LAST UPDATE DT			Gen		Date	8	99/99/9999				
Specialty	LAST UPDATE BY			Gen		AN	8					
Comment	DATE	Comments	DATE	Req		Date	8	99/99/9999				
Comment	USER ID	Comments	USER ID	Disp		AN	8					
Comment	TYPE	Comments	TYPE	Req		AN	15					
Comment	TEXT	Comments	TEXT	Req		AN	240					
Comment	LAST UPDATE DT	Comments		Gen		Date	8	99/99/9999				
Comment	LAST UPDATE BY	Comments		Gen		AN	8					

10 APPENDIX E – REFERENCE TABLES TO SUPPORT ENROLLMENT

List of Tables

NEW REFERENCE TABLES

Purpose of the following reference tables is to support data consistency when inputting data displayed from a pick list.

These tables may support either the Medical or Dental enrollment process or both. The Dental and Medical columns indicate what data to display for each application. For example, if the user is entering data through the Dental Enrollment series of screens and is on field: Provider State, value C for California shall be displayed.

These tables shall all contain an end date to facilitate table maintenance.

The Developer(s) shall structure the tables within the CMS Net database.

The System Administrator(s) shall review the table values to ensure that appropriate data is entered into these tables.

Maintenance of this table shall be managed by System Administrator.

10.1 TABLE 1-2, APPLICATION STATUS

The field length for the Short Description is 12 characters. The field length for the Long Description is 25 alpha characters. The requirements in this table have been defined by PSU.

Table 1-2, Application Status

Short Desc	Long Desc	Dental	Medical	End Date
Pending	Panel Review Pending	X	X	
Pending	Cons Review Pending	X	X	
Pending	Pending PSU Review	X	X	
Incomplete	Incomplete	X	X	
Active	Active	X	X	
Denied	Denied	X	X	
Emer Active	Emergency Active	X	X	
Inactive	Inactive	X	X	

10.2 TABLE 1-2A, HOSPITAL LEVEL TYPE

The field length for the Short Description shall be three alpha character. The Short Description shall be displayed on the screen CMSME-10. The first letter of each Hospital Level Type will be used for creating the Hospital Provider ID. The Long Description is 25 alpha characters.

Table 1-2a, Hospital Level Type

Short Desc	Long Desc	Dental	Medical	End Date
Ter	Tertiary	--	X	
Ped	Pediatric	--	X	
Gen	General	--	X	
Spe	Special	--	X	
Lim	Limited	--	X	

10.3 TABLE 1-3, APPLICATION RETURN REASON

The field length for the Short Description is 20 alpha charters. The Long Description shall be displayed in the pick list. The requirements in this table have been defined by PSU.

Table 1-3, Application Return Reason

Short Desc	Long Desc	Dental	Medical	End Date
Missing prov signature	Missing prov signature	X	X	
Data is missing	Data is missing	X	X	
Information eligible	Information eligible	X	X	
Req Doc not attached	Required document(s) not attached	X	X	
Other	Other	X	X	

10.4 TABLE 1-4, PARTICIPATION INDICATOR

The field length for the Short Description shall be one alpha character. The Short Description shall be transmitted to the Medi-Cal/Denti-Cal PMF. The field length for the Long Description is 10 alpha characters. Refer to the data dictionary to determine which description to display. The requirements in this table have been defined by PSU.

Table 1-4, Participation Indicator

Short Desc	Long Desc	Dental	Medical	End Date
C	CCS	X	X	
D	Denti-Cal	X		
G	GHPP	X	X	
M	Medi-Cal		X	

10.5 TABLE 1-5, PROVIDER STATUS

The field length for the Short Description shall be one alpha character. The Short Description shall be sent to the Medi-Cal/Denti-Cal PMF. The field length for the Long

Description is 10 alpha characters. Refer to the data dictionary to determine which description to display. The requirements in this table have been defined by PSU.

Table 1-5, Provider Status

Dental Short Desc	Medical Short Desc	Long Desc	Dental	Medical	End Date
A	1	Active	X	X	
I	2	Inactive	X	X	
P	3	Pending	X	X	
--	6	Suspended	--	X	
--	4	Deceased	--	X	
--	7	Indirect	--	X	

10.6 TABLE 1-6, PARTICIPATION STATUS REASON

The field length for the code shall be one character. The code is the value that shall be sent to the Denti-Cal PMF. The short description field length shall be 20 characters. The field length for the Long Description is 30 alpha characters. The requirements in this table have been defined by Delta Dental.

The participation status reasons are associated to the Provider Status, refer to Table 1-5.   For example, if the Provider Status is Active display only the options associated with a provider status of Active.

Note: code 9 shall be converted to a blank value when sending this value to the Denti-Cal PMF. When data is returned from the Denti-Cal PMF and the Provider Status is Active and the Status Reason is blank a 9 shall appear on the CMS Net screen.

Table 1-6, Participation Status Reason

Code	Short Desc	Long Desc	Provider Status	Dental	Medical	End Date
9	Activity/Recv mailings	Claim Activity/receive all mailings	Active	X	--	
1	No/recv mailings	No claim activity/receive all	Active	X	--	

Code	Short Desc	Long Desc	Provider Status	Dental	Medical	End Date
		mailings				
2	No/recv no mailings	No claim activity/receive no mailings	Active	X	--	
3	BDE letter sent	BDE letter sent	Active	X	--	
1	Suspended	Suspended	Inactive	X	--	
2	Revoked	Revoked	Inactive	X	--	
3	Deceased	Deceased	Inactive	X	--	
4	Voluntary withdrawal	Voluntary withdrawal	Inactive	X	--	
5	Rej/for cause	Rejected/ for cause	Inactive	X	--	
6	Rej/no license	Rejected/not licensed	Inactive	X	--	
7	Rej/incomp appl	Rejected/incomplete application	Inactive	X	--	
8	Undeliverable mail	Undeliverable mail	Inactive	X	--	

10.7 TABLE 1-7, TYPE OF PRACTICE

The field length for the Short Description shall be one alpha character. The Short Description shall be sent to the Denti-Cal PMF. The field length for the Long Description is 20 alpha characters. The field shall display the long description. The requirements in this table have been defined by Delta Dental.

Unknown Practice shall be enabled when Application Status is Incomplete.

Table 1-7,Type of Practice

Short Desc	Long Desc	Dental	Medical	End Date
I	Individual Practice	X	--	
G	Group Practice	X	--	
S	Dental School Clinic	X	--	
X	Unknown Practice	X	--	

10.8 TABLE 1-8, LOCATION STATE CODE

The field length for the Short Description shall be one alphanumeric character. The Short Description shall be displayed on the screen. The Short Description shall be sent to the Medi-Cal/Denti-Cal PMF. The field length for the Long Description is 15 alpha characters. The requirements in this table have been defined by Delta Dental and EDS.

Dim value Out of Country; users shall not be allowed to select from pick list.

Table 1-8, Location State Code

Short Desc	Long Desc	Dental	Medical	End Date
1	California		X	
C	California	X		
1	Border		X	
B	Border	X		
2	Out of State		X	
O	Out of State	X		
3	Out of Country		X	
F	Out of Country	X		

10.9 TABLE 1-9, SPECIAL HANDLING

There shall be no Short Description for this screen. The field length for the Long Description is 15 alpha characters. The Long Description shall be displayed on the screen. The requirements in this table have been defined by PSU.

Table 1-9, Special Handling

Short Desc	Long Desc	Dental	Medical	End Date
--	PSU Panel Desk	X	X	
--	HCP Review	X	X	

10.10   TABLE 1-10, PANEL REASON

There shall be no Short Description for this table. The field length for the Long Description is 20 alpha characters. The Long Description shall be displayed on the screen. The requirements in this table have been defined by PSU. Additional values may be added.

Table 1-10, Panel Reason

Short Desc	Long Desc	Dental	Medical	End Date
--	Incomplete schooling	X	X	
--	Other	X	X	

10.11   TABLE 1-11, PROVIDER TYPE

There shall be no Short Description for this table. The field length for the Long Description is ??? alpha characters. The provider type code shall set the associated category of service. The Provider Type Code and Category of Service shall be sent to the Medi-Cal PMF.

Table 1-11, Provider Type

Provider Type Code	Provider Type Name	Associated Category of Service(s)
01	Adult Day Health Care	81
02	DME	59,39
03	Audiologist	48,47,65
04	Blood Bank	64
05	Certified Nurse Midwife	37
06	Chiropractor	41
07	Certified Nurse Practitioner Nurse Practitioner-Family Nurse Practitioner-Pediatric Christian Science Practice	86 68 67 51
09	Clinical Laboratory	34,35
10	Group Certified Pediatric Nurse Practitioner and Certified Family Nurse Practitioner	
11	Fabricating Optical Laboratory	
12	Dispensing Optician	61
13	Hearing Aid Dispenser	65,48
14	Home Health Agencies	52
15	Community Hospital Outpatient	09,69,82,87
16	Community Hospital Inpatient (noncontract)	02,18,20
17	LTC	26,27,28

Provider Type Code	Provider Type Name	Associated Category of Service(s)
	Rural Hospital District Parts	26,27,28
18	Nurse Anesthetist	38
19	Occupational Therapist	46
20	Optometrist	40,61
21	Orthotists Orthotists Group	39,63 39,63
22	Physicians Group	01,50,82
23	Optometrist Group	40,61
24	Pharmacies	59, 60
25	Physical Therapist	45
26	Physician	01,50,82
27	Podiatrist	43
28	Portable X-ray	31
29	Prothetist/Prothetist Groups	39,62,63
30	Ground Transportation	69
31	Psychologist/Psychologist Groups	42
32	Acupuncturist	36
33	Genetic Disease Test	53
34	Rural Health Clinic	82,85
37	Speech Therapist	47,48
38	Air Medical Transportation	70
40	Free Clinic	80,10,44,82
41	Community Clinic	80,10,44,82
42	Chronic Dialysis Clinic	21,34,59,91
43	Multispecialty Clinics	21,22,44,82,88
44	Surgery Clinics	88
46	Rehab Clinics	22,18,44,59,82,84,91
47	Employer/Employee Clinics	44,82
48	County Clinics not Assoc to Hosp	02,20
51	Outpatient Heroin Detox Center	82
60	Co Hospital Inpatient (Non-Contract/Contract)	02,20
61	County Hospital - Outpatient	09,21,22,44,69,82,87
63	County Hospital - LTC	26,27,28

10.12   TABLE 1-12, IRS TYPE

There shall be no Short Description for this table. The field length for the Long Description is 15 alpha characters. The Long Description shall be displayed on the screen. **? shall be sent to the Medi-Cal PMF.**

Table 1-12, IRS Type

Short Desc	Long Desc	Dental	Medical	End Date
--W	Withholding		X	
--S	Social Security		X	
--I	IRS		X	
--O	Other		X	

10.13   TABLE 1-13, TYPE OF BUSINESS

The field length for the Short Description shall be one alpha character; the Short Description shall be the value sent to the Denti-Cal PMF. The Long Description shall be 20 characters.   The long description shall be displayed on the screen. The requirements in this table have been defined by Delta Dental.

Table 1-13, Type of Business

Short Desc	Long Desc	Dental	Medical	End Date
S	Sole Proprietor	X	--	
P	Partnership	X	--	
C	Corporation	X	--	

10.14   TABLE 1-14, TYPE OF NAME

The field length for the Short Description shall be five alpha characters. The field length for the Code shall be one alpha character.   The field length for the Long

Description is 20 alpha characters. The requirements in this table have been defined by PSU.

Table 1-14, Type of Name

Short Desc	Code	Long Desc	Dental	Medical	End Date
DBA	D	Doing Business As	X	X	
GRP	G	Group	--	X	
INDIV	I	Individual	X	X	
HSP	H	Hospital	--	X	
RNDR	R	Rendering	--	X	

10.15   TABLE 1-15, COS GROUP

Table 1-15, COS Group provides an association between the category of service and the effective date and end dates. The requirements in this table have been defined by PSU.

Table 1-15, COS Group

Short Desc	Long Desc	Dental	Medical
COS #	Category of Service Number	--	X
Eff Dt	Effective Date	--	X
End Dt	End Date	--	X

10.16   TABLE 1-16, ACCOMMODATION CODE

The field length for the Short Description shall be four numeric characters. The field length for the Long Description is 30 alpha characters. The requirements in this table have been defined by PSU. This table shall support the Medical Enrollment process.

Table 1-16, Accommodation Code

Short Desc	Long Desc	Dental	Medical
0200	Int Care/General	--	X
0201	Int Care/Surgical	--	X
0202	Int Care/Medical	--	X
0208	Int Care/Trauma	--	X
0210	Coronary Care/General	--	X
0211	Coronary Care Myocardial Infarction	--	X
0212	Coronary/Pulmonary Care	--	X
0219	Coronary Care, Other	--	X
0206	Int. Care Post ICU	--	X
0214	Coronary Care, Post CCU	--	X
0203	Intensive Care Pediatric	--	X
0204	Intensive Care Psychiatric	--	X
0209	Intensive Care Other	--	X
0207	Intensive Care/Burn Care	--	X
0111	Private Med/Surg/Gyn	--	X
0117	Private Oncology	--	X
0121	Semi-P 2 bds Md/Surg/Gyn	--	X
0127	Semi-P 2 bds Oncology	--	X
0131	Semi-P 3/4 bds Md/Surg/Gyn	--	X
0137	Semi-P 3/4 bds Oncology	--	X
0151	Ward -Md/Surg Med/Surg/Gyn	--	X
0157	Ward - Md/Surg Oncology	--	X
0175	Nursery, Neonatal ICU	--	X
0113	Pediatric Acute - Private	--	X
0123	Pediatric Acute Semi-P 2 bds	--	X
0133	Pediatric Acute Semi-P 3/4 bds	--	X
0153	Ward - Medical/General	--	X

Short Desc	Long Desc	Dental	Medical
0114	Psychiatric Acute-Private	--	X
0124	Psychiatric Semi-P 2bds	--	X
0134	Psychiatric Semi-P 3/4 bds	--	X
0154	Ward - Medical/General	--	X
0097	Psychiatric Acute	--	X
0112	Pediatric/Adolescent	--	X
0122	Obstetrics Acute-Private	--	X
0132	Obstetrics Semi-P 2bds	--	X
0152	Obstetrics Semi-P 3/4 bds	--	X
0171	Nursery Acute	--	X
0080	Other Acute Care Temp	--	X
0098	Administrative Day	--	X
0118	Rehab Care - Private	--	X
0128	Rehab Semi-P 2bds	--	X
0138	Rehab Semi-P 3/4 bds	--	X
0158	Ward-Med/Gen, Rehab	--	X
0081	Other Daily Hospital Services	--	X
0096	Common Day Code	--	X

10.17   TABLE 1-17, COUNTY/PSRO CROSS REFERENCE

Table 1-17, County/PSRO shall allow a cross reference between counties and providers practice location. The field length for the Long Description is 20 alpha characters. The requirements in this table have been defined by PSU. This table shall support the Medical enrollment process.

Table 1-17, County/PSRO

County	County #	PSRO Region #	City	Dental	Medical
Alameda	01	07		--	X
Alpine	02	08		--	X
Amador	03	08		--	X
Butte	04	04		--	X
Calaveras	05	08		--	X
Colusa	06	02		--	X
Contra Costa	07	07		--	X
Del Norte	08	01		--	X
El Dorado	09	04		--	X
Fresno	10	11		--	X
Glenn	11	02		--	X
Humboldt	12	01		--	X
Imperial	13	28		--	X
Inyo	14	15		--	X
Kern	15	14		--	X
Kings	16	13		--	X
Lake	17	01		--	X
Lassen	18	02		--	X
Madera	20	11		--	X
Marin	21	03		--	X
Mariposa	22	10		--	X

County	County #	PSRO Region #	City		Dental	Medical
Mendocino	23	01			--	X
Merced	24	10			--	X
Modoc	25	02			--	X
Mono	26	15			--	X
Monterey	27	12			--	X
Napa	28	03				
Nevada	29	04				
Orange	30	26				
Placer	31	04				
Plumas	32	02				
Riverside	33	27				
Sacramento	34	04				
San Benito	35	12				
San Bernardino	36	15				
San Diego	37	28				
San Francisco	38	05				
San Joaquin	39	08				
San Luis Obispo	40	16				
San Mateo	41	06				
Santa Barbara	42	16				
Santa Clara	43	09				
Santa Cruz	44	12				
Shasta	45	02				
Sierra	46	02				

County	County #	PSRO Region #	City	Dental	Medical
Siskiyou	47	02			
Solano	48	03			
Sonoma	49	01			
Stanislaus	50	10			
Sutter	51	02			
Tehama	52	02			
Trinity	53	02			
Tulare	54	13			
Tuolumne	55	03			
Ventura	56	17			
Yolo	57	04			
Yuba	58	02			
Out of State	00	00			
Los Angeles	19	20	Agoura		
		18	Alhambra		
		18	Altadena		
		21	Arcadia		
		23	Artesia		
		19	Avalon		
		21	Azusa		
		21	Baldwin Park		
		23	Bell		
		23	Bell Gardens		
		25	Beverly Hills		
		20	Burbank		
		20	Calabasas		
		20	Canoga Park		
		19	Carson		

County	County #	PSRO Region #	City	Dental	Medical
		20	Chatsworth		
		21	Claremont		
		21	Commerce		
		23	Compton		
		21	Covina		
		22	Culver City		
		19	Dominquez		
		23	Downey		
		21	Duarte		
		18	Eagle Rock		
		21	East L. Angeles		
		18	El Monte		
		23	El Segundo		
		20	Encino		
		23	Gardena		
		18	Garvey		
		18	Glendale		
		21	Glendora		
		20	Granada Hills		
		21	Hacienda Hgts.		
		19	Harbor City		
		23	Hawthorne		
		23	Hermosa Beach		
		20	Hidden Hills		
		23	Home Garden		
		23	Huntington Pk		
		23	Inglewood		

County	County #	PSRO Region #	City	Dental	Medical
		18	La Canada		
		18	La Crescenta		
		21	La Mirada		
		21	La Puente		
		18	La Vina		
		21	La Verne		
		20	Lake View Ter.		
		19	Lakewood		
		20	Lancaster		
		23	Lawndale		
		23	Lennox		
		20	LittleRock		
		23	Lomita		
		19	Long Beach		
		19	Los Alamitos		
		21	Los Nietos		
		23	Lynwood		
		22	Malibu		
		23	Manhattan Bch		
		22	Mar Vista		
		22	Marina Del Rey		
		23	Maywood		
		20	Mission Hills		
		21	Montebello		
		18	Monterey Park		
		18	Montrose		

County	County #	PSRO Region #	City	Dental	Medical
		21	Monrovia		
		20	Newhall		
		20	N. Hollywood		
		20	Northridge		
		21	Norwalk		
		22	Ocean Park		
		20	Olive View		
		22	Pacific Palisades		
		20	Pacoima		
		20	Palmdale		
		22	Palms		
		23	Palos Verdes		
		19	P. Verdes Est.		
		19	P Verdes Pen		
		20	Panorama City		
		23	Paramount		
		18	Pasadena		
		20	PearBlossom		
		21	Pico Rivera		
		21	Pomona		
		23	Redondo Bch		
		20	Reseda		
		23	Rolling Hills		
		21	Rowland Hgts		
		21	San Dimas		
		20	San Fernando		

County	County #	PSRO Region #	City	Dental	Medical
		18	San Gabriel		
		18	San Marino		
		19	San Pedro		
		21	Santa Fe Sprints		
		22	Santa Monica		
		20	Saugus		
		22	Sawtelle		
		20	Sepulveda		
		21	Sierra Madre		
		20	Sherman Oaks		
		23	SouthGate		
		18	S Pasadena		
		18	San Gabriel		
		20	Studio City		
		20	SunValley		
		18	Sun land		
		20	Sylmar		
		20	Tarzana		
		24	Temple City		
		19	Terminal Isl.		
		20	Toluca Lake		
		23	Torrance		
		18	Tujunda		
		20	Valencia		
		21	Valinda		
		20	Van Nuys		
		18	Verdugo City		
		22	Venice		

County	County #	PSRO Region #	City	Dental	Medical
		21	Walnut		
		21	West Covina		
		20	W Los Angeles		
		22	Westwood		
		21	Whittier		
		23	Shallowbrook		
		18	Wilmar		
		19	Wilmington		
		20	Woodland Hills		
		24	90001-90008		
		23	90009		
		24	90010-90021		
		21	90022		
		24	90023		
		22	90024		
		24	90025		
		24	90026		
		25	90027-90029		
		24	90030-90033		
		22	90034		
		24	90035		
		25	90036		
		24	90037		
		25	90038		
		23	90040		
		24	90041-90043		
		22	90044		
		23	90045		

County	County #	PSRO Region #	City	Dental	Medical
		25	90046		
		24	90047		
		25	90048		
		22	90049		
		24	90051		
		24	90053-90059		
		24	90061-90063		
		22	90064		
		24	90065		
		22	90066-90067		
		25	90068-90069		
		22	90073		
		25	90201		
		23	90220-90224		
		23	90040-90042		
		23	90245		
		23	90247-90250		
		23	90254-90255		
		23	90260		
		23	90270		
		23	90274		
		23	90277-90278		
		23	90280		
		23	90301-90310		
		23	90501-90510		
		23	90701		
		23	90706		
		23	90717		
		23	90723		

County	County #	PSRO Region #	City	Dental	Medical
		18	91001		
		18	91011		
		18	91020		
		18	91030		
		18	91040-91042		
		18	91046		
		18	91101		
		18	91103-91108		
		18	91201-91208		
		18	91214		
		18	91731-91733		
		18	91754		
		18	91770		
		18	91775-91776		
		18	91801		
		18	91803		

10.18   TABLE 1-18, GROUP NAME

Table 1-18,. The Group name table allows the user to select from the table the group associated to the rendering provider. The field length for the Long Description is 20 alpha characters. The requirements in this table have been defined by PSU. This table shall support the Medical enrollment process.

Table 1-18, Group Name

Field #	Field Name	Field Length/ Type	Required	Source	Description
	Group Name	24 Alpha		CMSME-10	**GROUP NAME**
	Grp Prov ID	9 ALPHA NUMERIC		CMSME-10	**GROUP PROVIDER NUMBER**
	Federal Tax ID	9 NUMERIC		CMSME-20	**FEDERAL TAX ID NUMBER**
	License	5 NUMERIC		CMSME-20	**PROVIDER MEDICAL OR BUSINESS LICENSE NUMBER AUTHORIZING PRACTICE WITHIN THE STATE**
	ATTN	24 ALPHA NUMERIC		CMSME-20	**OTHER ADDRESSING - ATTENTION LIN\E**
	ST1	24 ALPHA NUMERIC		CMSME-20	**PROVIDER'S BUSINESS STREET ADDRESS**
	ST2	24 ALPHA NUMERIC		CMSME-20	**PROVIDER'S BUSINESS SECOND STREET ADDRESS**
	CITY	17 ALPHA		CMSME-20	**PROVIDER'S BUSINESS CITY**

Field #	Field Name	Field Length/ Type	Required	Source	Description
	ST	2 ALPHA		CMSME-20	**PROVIDER'S BUSINESS STATE**
	ZIP	9 NUMERIC		CMSME-20	**PROVIDER'S BUSINESS ZIP**
	CO	20 ALPHA		CMSME-20	**COUNTY ASSOCIATION TO BUSINESS ADDRESS**
	PH	12 NUMERIC		CMSME-20	**PROVIDER'S PHONE NUMBER** Use (000)000-0000 if the number is unknown Acceptable delimiters are: ()-/(space)
	ATTN	12 NUMERIC		CMSME-20	**OTHER 'PAY TO' ADDRESSING - ATTENTION LIN\E(P)** Not required is Rndr Provider Nm valued Free text up to 24 characters for additional address info.
	ST1	24 ALPHA NUMERIC		CMSME-20	**PROVIDERS 'PAY TO' STREET ADDRESS(p)** Not required is Rndr Provider Nm valued Free text up to 24 characters for street address Punctuation not allowed.
	ST2	24 ALPHA NUMERIC		CMSME-20	**PROVIDERS 'PAY TO' STREET SECOND ADDRESS(P)** Not required is Rndr Provider Nm valued Free text up to 24 characters for street address Punctuation not allowed.
	CITY	17 ALPHA		CMSME-20	**PROVIDER'S 'PAY TO' CITY(P)** Not required is Rndr Provider Nm valued
	ST	2 ALPHA		CMSME-20	**PROVIDER'S 'PAY TO' STATE(P)** Not required is Rndr Provider Nm valued
	ZIP	9 NUMERIC		CMSME-20	**PROVIDER'S 'PAY TO' ZIP(P)** Not required is Rndr Provider Nm valued

10.19   TABLE 1-20, APPEAL ACTION

This table shall support both the Medical and Dental enrollment process.

There shall be no Short Description for this table. The field length for the Long Description is 25 alpha characters. The requirements in this table have been defined by PSU. Additional values may be added as the Appeal Process becomes formalized.

Table 1-20, Appeal Action

Short Desc	Long Desc	Dental	Medical	End Date
--	Forward to Branch Chief	X	X	

10.20   TABLE 1-21, TYPE OF LETTER

This table shall support both the Medical and Dental enrollment process.

The field length for the Short Description shall be five alpha characters. The field length for the Long Description is 20 alpha characters; the field shall display the long description. The requirements in this table have been defined by PSU. Additional values shall be added by PSU after the letter review process is completed.

Table 1-21, Type of Letter

Short Desc	Long Desc	Dental	Medical	End Date
MISS	Requesting additional Information	X	X	
ACKN	Acknowledgment of application	X	X	
DUP	Duplicate application	X	X	

10.21   TABLE 1-22, LICENSE STATE CODE

The field length for the Short Description shall be one alphanumeric character. The Short Description shall be displayed on the screen. The Short Description shall be

sent to the Denti-Cal PMF. The field length for the Long Description is 10 alpha characters. The requirements in this table have been defined by Delta Dental.

Dim value Hygienists; users shall not be allowed to select this value.

Table 1-22, Provider Location Code

Short Desc	Long Desc	Dental	Medical	End Date
A	Arizona	X	--	
D	California	X	--	
N	Nevada	X	--	
O	Oregon	X	--	
X	Not A, D, N, or O	X	--	
Y	Hygienists	--	--	

MODIFICATIONS TO SPECIALTY CODE TABLE 3982

10.22   MEDICAL ENROLLMENT MODIFICATIONS

Table 1-23 shall describe modifications that shall be made to the existing Specialty Code table to support the Medical enrollment process.

Table 1-23 describes the modifications to Specialty table 3982 to cross-reference the Service Specialty to a Panel Indicator by adding Panel Indicator column.

When Service Specialty is valued, the Panel indicator shall automatically be set based on the below cross-referenced association. If the Panel Indicator is flagged as "Y" the on the table, set Panel Req (field 3) on CMSME-50 value to Y and the panel information shall be required. All other panel indicators are set to N-No and paneling shall not be required.

Table 1-23, Medical Enrollment Modification to 3982

Specialty Code	Service Specialty	Panel Indicator
02	Allergy/Immunology	Y
43	Allergy/Immunology Pediatrics-	Y
	Anesthesiology	
	Audiology	Y
	Cardiology	
43	Cardiology-Pediatrics	Y
	Cardiovascular Diseases	
03	Colon and Rectal Surgery	Y
04	Dermatology	Y
05	Ear, Nose, Throat	
05	Endocrinology	
47	Endocrinology Pediatrics	Y
	Gastroenterology	Y
	Genetic Counseling/Genetics	
	Hematology	Y
44	Hematology/Oncology -Pediatrics	Y
	Infectious Disease	Y
	Inhalation Therapy	

Specialty Code	Service Specialty	Panel Indicator
	Institutional	
06	Internal Medicine	Y
07	Internal Medicine - Allergy	Y
08	Internal Medicine - Cardiology	Y
09	Internal Medicine - Gastroenterology	Y
10	Internal Medicine - Hematology	Y
11	Internal Medicine - Hematology/Oncology	Y
12	Internal Medicine - Infectious Disease	Y
13	Internal Medicine - Nephrology	Y
14	Internal Medicine - Pulmonary Disease	Y
15	Internal Medicine - Rheumatology	Y
16	Internal Medicine - Endocrinology	Y
21	Nuclear Medicine	Y
45	Neonatology-Pediatrics	Y
	Neonatology	
46	Nephrology/Child Nephrology	Y
	Neurologist	
37	Neurology	Y
36	Child Psychiatry	Y
35	Neurology/Child Neurology	Y
	Neurosurgery	
	Nuclear Medicine	Y
	Non-institutional	
17	Oral Maxillofacial Surgery	
18	Obstetrics & Gynecology-Maternal Fetal Medicine	Y
	Optometry	Y
	Oral Surgery	Y
	Orthodontia	Y
	Orthotics	Y

Specialty Code	Service Specialty	Panel Indicator
	Orthotics/Prosthetics	Y
	Otolaryngology/Otorhinolaryngo	Y
23	Obstetrics & Gynecology	Y
	Occupational Therapy	Y
	Oncology	
24	Ophthalmology	Y
25	Optometry	Y
26	Oral Surgery	
27	Orthopedic Surgery	Y
28	Orthodontia	
31	Orthotic Technician	
31	Orthotic/Prosthetics	
32	Otolaryngology	
33	Otolaryngology Maxillofacial Surgery	Y
	Pathology	
	Pediatrics	
	Physical Medicine and Rehabilitation	Y
	Physical Therapy	Y
	Plastic Surgery	Y
	Proctology	
34	Psychiatry and Neurology	Y
	Psychology	Y
38	Psychiatry	Y
38	Psychiatry/Psychiatry-Pediatric	
39	Prosthetics & Orthotics	
42	Pediatrics	Y
	Pulmonary Disease	
	Radiology	Y
	Rheumatology	
	Social Work	Y

Specialty Code	Service Specialty	Panel Indicator
	Speech Pathology	Y
	Speech Therapy	Y
	Surgery	Y
	Syphilology	
	Thoracic Surgery	
	Urology	Y
	Vascular Surgery	Y

10.23   DENTAL ENROLLMENT MODIFICATIONS

Table 1-24 shall describe modifications that shall be made to the existing Specialty Code table to support the Dental enrollment process.

The requirements in this table have been defined by PSU.

The Specialty Code table shall be modified as follows:

add a column to indicate "Dental" specialties; specialties identified as "Dental" shall be the only specialties that display when the Dental Enrollment series of screens is being accessed.

add a column to indicate the two digit code (Short Desc) that shall be sent to the Denti-Cal PMF. The Long Description shall be displayed in CMS Net.

Add a column to identify which specialties require paneling.

Table 1-24, Dental Enrollment Modifications to 3982

Short Desc	Long Description	Paneling	Dental Indicator
00	General Practice	N	D
10	Oral Surgery	Y	D
15	Endodontia	N	D
20	Orthodontia	N	D
25	Certified Orthodontia	Y	D
30	Pedodontia	N	D
40	Periodontia	N	D
50	Prosthodontia	N	D
60	Oral Pathology	N	D
70	Public Health	N	D
80	Full Time Facility	N	D

10.24 MODIFICATIONS TO ZIP CODE TABLE 6001

The following modifications shall support the Medical and Dental enrollment processes.

The Zip Code table shall be modified as follows:

Add a column to indicate type of zip code to support the Denti-Cal PMF

Add a column to indicate type of zip code to support the Medi-Cal PMF

Refer to Table 1-8, Location State Code which describes the values